# A report on the Effectiveness of the RUHSA HIV/AIDS Awareness One Day Programme

Community Health Cell
Library and Documentation Unit
367, "Srinivasa Nilaya"
Jakkasandra 1st Main,
1st Block, Koramangala,
BANGALORE-560 034.
Phone: 5531518

## A Report on the Effectiveness of the RUHSA HIV/AIDS Awareness One Day Programme

RUHSA Department Christian Medical College and Hospital July - October 1998

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# Undertaken by Gail Holmes Sandi Connor (initial stages)

From the
University of South Australia
St Bernards Road
MAGILL SA 5072
AUSTRALIA

In conjunction with
RUHSA Department
Christian Medical College
North Arcott Vellore District
Tamil Nadu
INDIA 632 209

Undertaism by
Call Holmes
Sandi Connor United stages)

University of South Australia
St Bernards Road
MAGILL SA 5072
AUSTRALIA

In conjunction with

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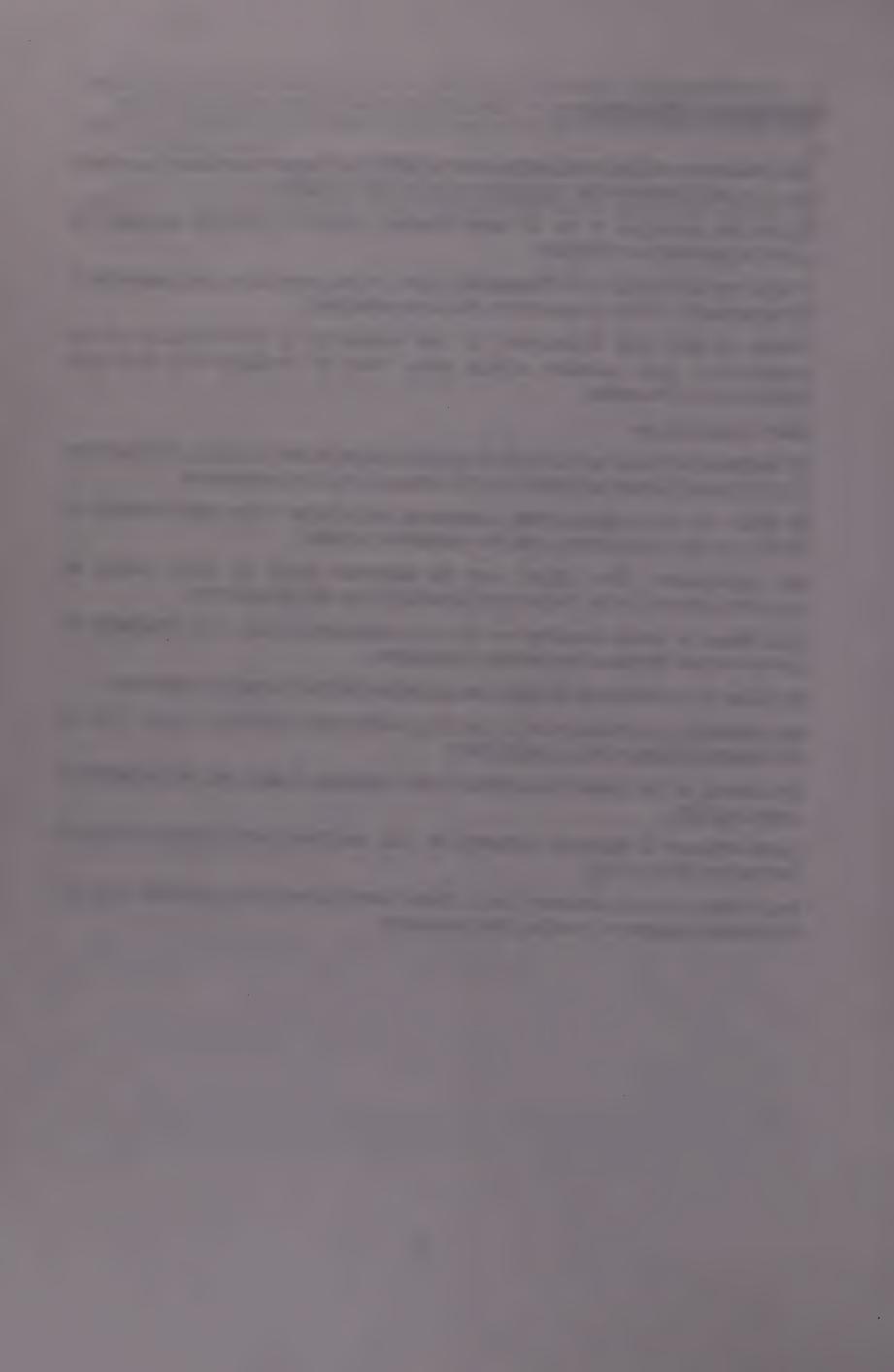
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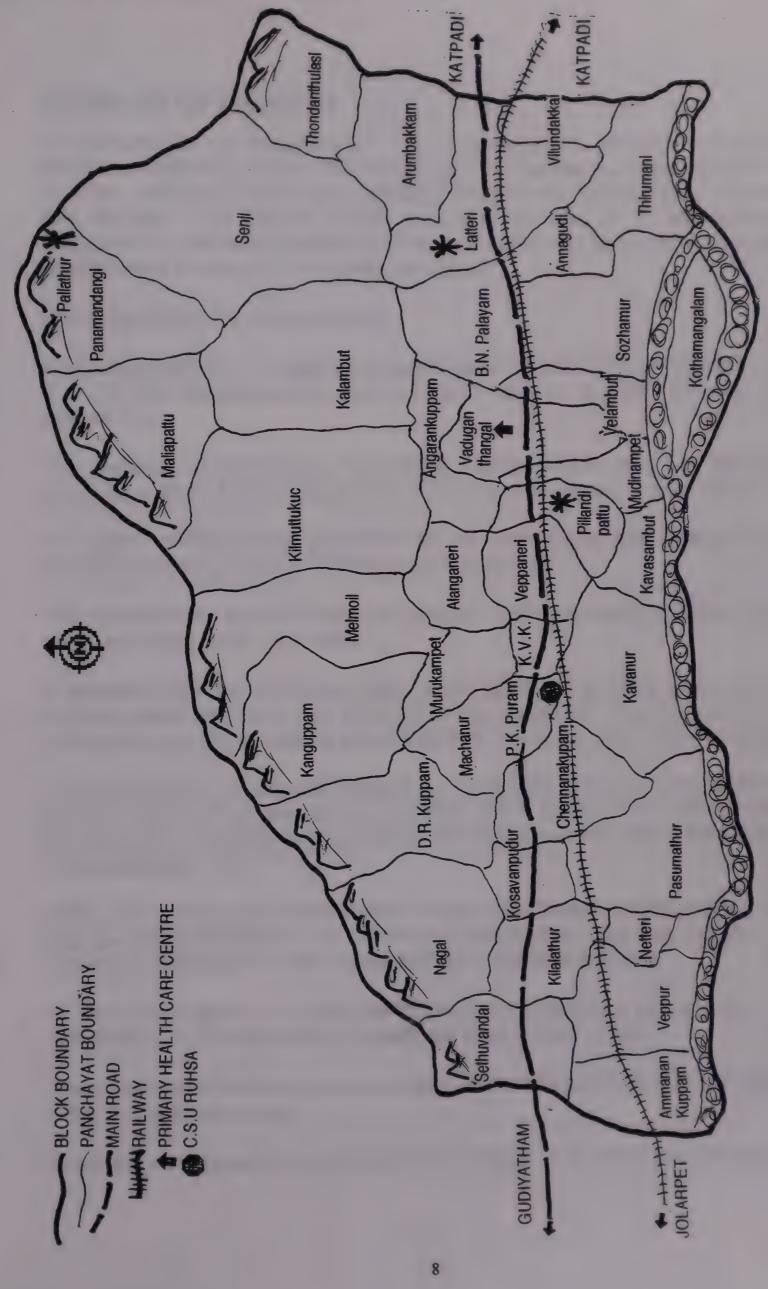
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#### MAP OF KV KUPPAM BLOCK





#### **SUMMARY OF FINDINGS**

A questionnaire for programme 1 was implemented to discover the high risk behaviours that may occur in the villages and to evaluate the effectiveness of the RUHSA HIV/AIDS awareness One-Day Programme, according to knowledge and attitude. The sample of the evaluation consists of 77 respondents in programme 1 and in programme 2 the questionnaire was abbreviated to evaluate effectiveness in terms of the knowledge gained.

#### **PROGRAMME 1 (77 respondents)**

A significant amount of respondents learnt about HIV/AIDS from the mass media, T.V. (54.5%); Newspaper (40.3%) and Radio (39.0%), and RUHSA rated highly with 46.6%.

The presence of HIV/AIDS in Tamil Nadu was realised by 89.6% of the sample population. While 7.8% indicated that HIV/AIDS was present in their village.

A majority of the sample population 88.3% were aware that HIV/AIDS is not spread by shaking hands or sharing cups and plates.

The respondents' opinion about the age at which HIV/AIDS education should begin averaged out to 16.7 years.

It appeared that the Vocational Boys (4Wh) talked more freely about HIV/AIDS (56.4%), while only one third (33.3.%) of the Vocational Girls shared HIV/AIDS information and the Animators stated that they had never discussed this subject.

The person best to educate selected by the sample group was the Health Aide (41.6%) followed by the Doctor (40.3%); RCO (29.9%) and Social Worker (28.6%). The Vocational Boys indicated that they would not want a female person to educate them at all.

When the sample group was asked if they believed that people in their village had sex before marriage 9.1% of the respondents stated that they did and 11.7% stated that the people in their village had sex outside of marriage.

Of the sample group 9.1% knew that there were commercial sex workers in their village and 22.1% stated that homosexuals lived in their village.

The presence of intravenous drug users in the villages was acknowledged by 3.9% of the sample group.

Condoms were found to be available in the villages of 35.1% of the respondents.

50.6% indicated that they felt that HIV infected people should stay at home, while 41.6% felt that they should be hospitalised. However, 89.6% would accept the presence of an HIV+ person in their own home.

A high percentage (92.9%) of the respondents were willing to share their knowledge, and 92.2% were willing to tell other people about HIV/AIDS.

96.1% of respondents realised that having multiple sex partners is a high risk behaviour and 94.8% realised that having sex with a commercial sex worker was also high risk, though 7.8% still believed that hugging could be considered high risk.

Of the sample group, 76.6% indicated that a video show was their principle choice of health education and role play featured second with 66.2% stating this as a preference.

#### PROGRAMME 1 & 2 (344 RESPONDENTS)

The increase in HIV/AIDS knowledge across all groups including the Vocational Boys(2 Wh) and the self help groups was measured by the difference between the pre and post test results.

100% of the Vocational Boys(2Wh) and 91.7% of the Vocational Girls realise that there is no cure for HIV/AIDS. All the groups post test results met the objective which was greater than 75.0%.

The majority of respondents from all groups were able to state the cause of HIV/AIDS and met the objective, the Vocational Girls (100.0%) scored the highest followed by the Vocational Boys(4Wh)(94.9%). The least improvement was noted in the self help groups with 79.5%.

Difficulty came with the next objective - that the respondents being able to state the relationship between STDs and HIV/AIDS. The self help groups scored the highest with 95.5% but the lowest score was the Vocational Girls who could only score 37.5%.

The acceptance of an HIV+ person in their own home was acknowledged by 95.8% of the Vocational Girls, while only 78.3% of the Vocational Boys(2Wh) indicated they would have this acceptance.

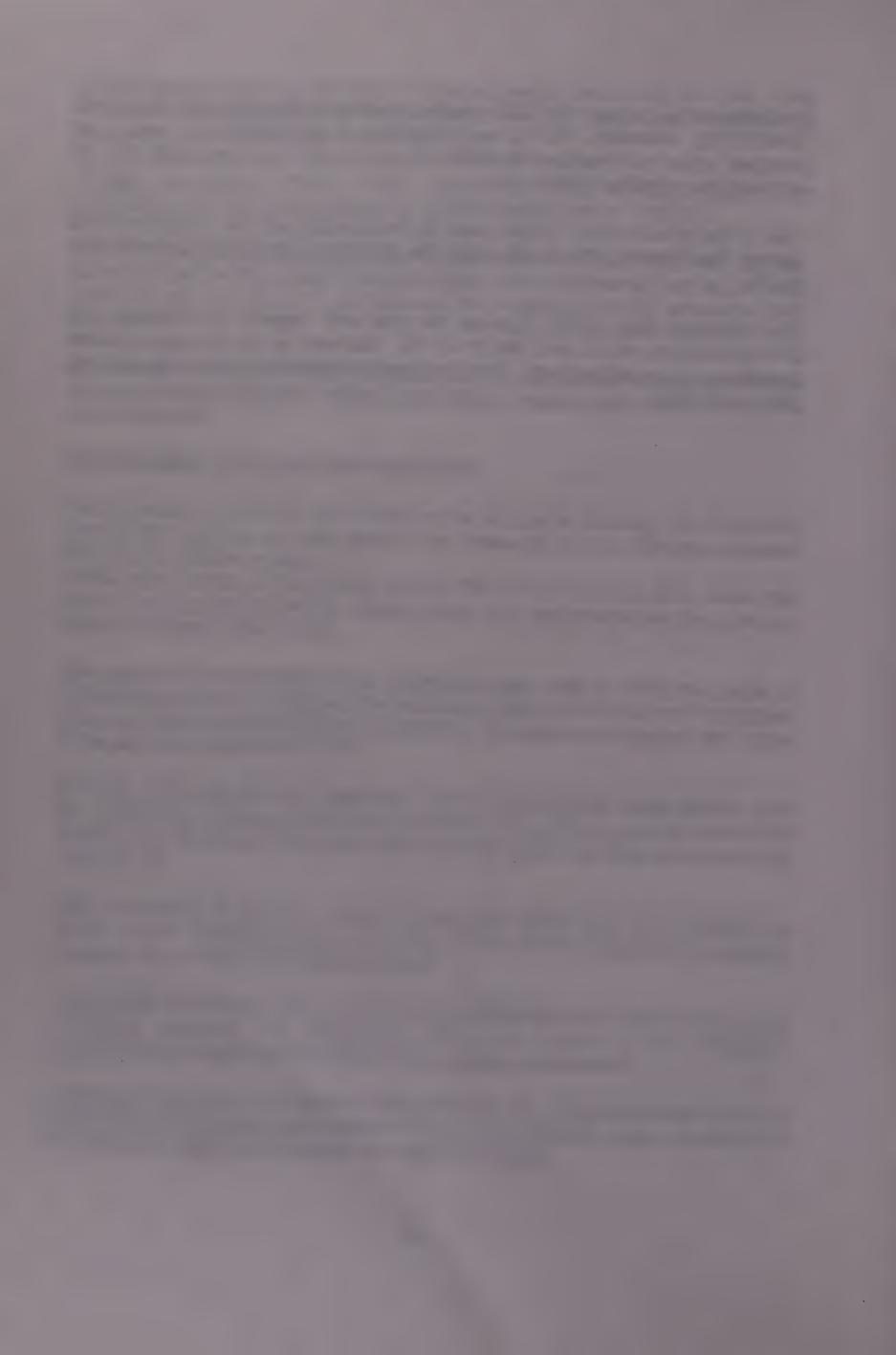
The groups knowledge about the spread of HIV/AIDS varied with 95.0% of the Animators acquiring this knowledge, while only 70.9% of the Vocational Boys(2Wh) indicated their knowledge of the spread of HIV/AIDS.

The respondents post test results revealed that 97.1% of the Vocational Girls and 90.0% of the Animators could indicate the signs of HIV/AIDS, while only 69.3% of the self help groups could indicate the signs successfully.

Post test scores on how HIV/AIDS can be prevented indicate that the Vocational Girls(86.7%); Animators (82.1%) and Vocational Boys(4Wh)(79.0%) were most proficient while the Vocational Boys(69.6%) and the self help groups(69.3%) did not meet the objective of 75%.

Four of the groups could indicate uses for the condom with the Vocational Girls scoring the highest with 97.1% while the Vocational Boys(2Wh) scored only 56.5%.

The Vocational Boys (4Wh) improved the most with regards to knowledge with an improvement pre to post test of 40.1%., followed by the Animators whose knowledge improved by 37.4%. The least improvement was noted in the self help groups (12.9%)



#### INTRODUCTION

The World Health Organisation has predicted that by the year 2000, 40 million people world wide will be infected with the Human Immunodeficiency Virus (HIV), and more than 90% of these people will be from developing countries like India. HIV which leads to the Acquired Immune Defiency Syndrome (AIDS) has spread rapidly in India. It has now reached every State and Union territory, and Tamil Nadu has the second-highest reported number of people infected by the HIV virus in India.

The Rural Unit for Health and Social Affairs (RUHSA) of the Christian Medical College and Hospital in Vellore is committed to the health and care of the population of K.V.Kuppam Block. Since 1994 RUHSA has reported 19 cases of HIV infection, nine in the last 12 months (pers comm. Mr Jones).

The current RUHSA HIV/AIDS programme, which was implemented in 1996 is broad based and attempts to reach all population groups in the K.V.Kuppam block, by various methods. The aim of the programme is to educate the general community on HIV/AIDS through various methods using various educational media.

As part of RUHSA's current HIV/AIDS Awareness Programme - a one-day programme was developed. The programme was designed to make people aware of how the HIV virus is spread or not spread, and how transmission can be prevented. RUHSA personnel have developed curricula for groups of women, adolescent Girls, adolescent Boys, 8<sup>th</sup> standard students, teachers and barbers, as well as a mass education campaign.

Initially this study proposed to educate up to 20 women in each of the four self-help groups, with emphasis on encouraging the women's confidence and ability to accurately share HIV/AIDS information with other members of their families and community. But after a pilot discussion with a women's self-help group in the village of Sethuvandai, difficulties were anticipated in establishing programmes for individual self-help groups. There was a great deal of enthusiasm both in participation in the programme, and in passing on HIV/AIDS information to others in the village. However, the women of the self-help group were committed heavily to day-labour as coolies, and evening labour in the home, in order to maintain a basic level of subsistence. There were also difficulties for the women in accessing the Centre of Health, Education & Welfare (CHEW) or RUHSA for a programme to be conducted.

After the unexpected departure of Sandi Connor (student volunteer) discussions were held with the Head of Department and the study's direction was altered because of circumstances surrounding ongoing volunteer input, lower feasibility after pilot discussion and interpreter availability, but the aim was to remained essentially true to the original objective by providing further access to HIV/AIDS education for illiterate or poorly-educated members of the community.

Alternative measures where then considered. By educating a representative (Animator) from various self-help groups in K.V.Kuppam Block, it was subsequently hypothesised that the women in the self-help groups could be educated by each representative, at a time, and in a manner which would suit each individual group. While the study originally targeted members of women's self-help groups for education, those women remained a secondary target through education of their Animators.

In addition to the Animator group the Vocational Training School groups were selected. These groups were comprised of at-risk adolescents who may not have been reached by school-based programmes. Notwithstanding the cultural sensitivity of discussions concerning sexual matters, the onset of sexual activity is a critical time in educating adolescents, with regard to awareness and prevention of HIV/AIDS and other sexually-transmitted diseases. By increasing the awareness of HIV/AIDS in adolescents, providing them with accurate information, it is hoped to decrease the likelihood of their participation in high-risk behaviours.

This current study is an evaluation of the one-day programme. The effectiveness of the programme was measured by the administration of a pre and post test questionnaire which was designed to indicate any increase in knowledge that may have been achieved from the one-day education programme.

#### LITERATURE REVIEW

In the absence of a cure or vaccine, education provides the only means to prevent and control the spread of Human Immunodeficiency Virus (HIV). HIV is the causative agent of AIDS. (Ross, Caudle & Taylor 1989).

The World Health Organisation has predicted that by the year 2000, 40 million world-wide will be infected with the HIV virus, and more than 90% of those people will be from developing countries like India.

"According to the national Aids Control Organisation there are estimated 3.2 million HIV infected individuals with 160,000 full blown cases of Aids, making India the single largest contributor of Aids cases in Asia" (Sachdev 1998. p38)

India is especially at risk of an HIV epidemic due to several factors including inadequate health facilities for an increasing population, some alternative medical practices which infringe upon safe HIV/aids practices, high levels of sexually-transmitted infections (STD's) and tuberculosis. The low literacy rate, the social and cultural marginalisation of people at high risk of HIV infection, the lesser status of women and the fact that few women access health services (other than for ante-natal care) serve to exacerbate the situation. (Burrows, 1997)

Globally, up to 6 million people infected with HIV are below the age of 25. The risks to young people are even more serious if they have little or no knowledge of the consequences of their behaviours.

According to Joseph Smith (1992), while an internationalist approach to the global HIV/AIDS crisis enables an informed, interdependent approach to the situation, India's primary assets in the crisis are its citizens, their skills and their insights. Culturally-appropriate programmes and activities respect the self-reliant society in India and encourage a sustainable approach to HIV/AIDS education. Localised education is based on the community's sense of place in the universe, their sense of culture, and sense of the people's roots. Independence at the community level allows regional crises to be dealt with, while allowing for an interdependent approach as necessary. (Smith, 1992)

The aim of RUHSA's one day programme is to educate the participants about HIV/Aids so that they may be informed and capable of making correct life choices, and to reveal high risk behaviours that may occur in the villages. This evaluation of the one day programme focuses on illiterate women and young people in the K.V.Kuppam block.

"... in 1983 over 50% of the population lived below the poverty line. 29.7% of the population had received no formal education whilst 25% of the population had received less than 5th Standard of education".(Hill, Turpie & Tran 1997, p10)

Although literacy in the K.V. Kuppam block has improved since 1983, the nature of rural employment and low literacy levels have posed some difficulties in the HIV/aids awareness programme.(Hill, Turpie & Tran 1997)

Tasser (1998) alludes to the possibility that illiterate women are most at risk. The literacy rate in India can be as low as 48%, with the lowest levels among women and rural populations, implying relatively low access to information, support and care (Tasser 1998) Without compulsory primary education illiteracy is wide spread and is instrumental in the failure of HIV education.

When adolescents and young people become sexually active they face health risks. Young people suffer disproportionately from STD's and HIV/AIDS. The highest rates reported are among the 20-24 age group followed by the 15-19 year age group.

Sachdev (1998) is among several researchers who have noted a positive relationship between knowledge, and attitude and perception of risk. Researchers also noted correlations between AIDS education and knowledge. (Mathia, Ross & Hira, 1997; Ross, Caudle & Taylor, 1989 & 1991; Sachdev, 1998)

Adolescents who had engaged in sexual activity after HIV/aids education were more likely to negotiate condom use or alteration of sexual behaviours, as found by Mathia, Ross and Hira (1997) and Ross, Caudle and Taylor (1989 and 1991).

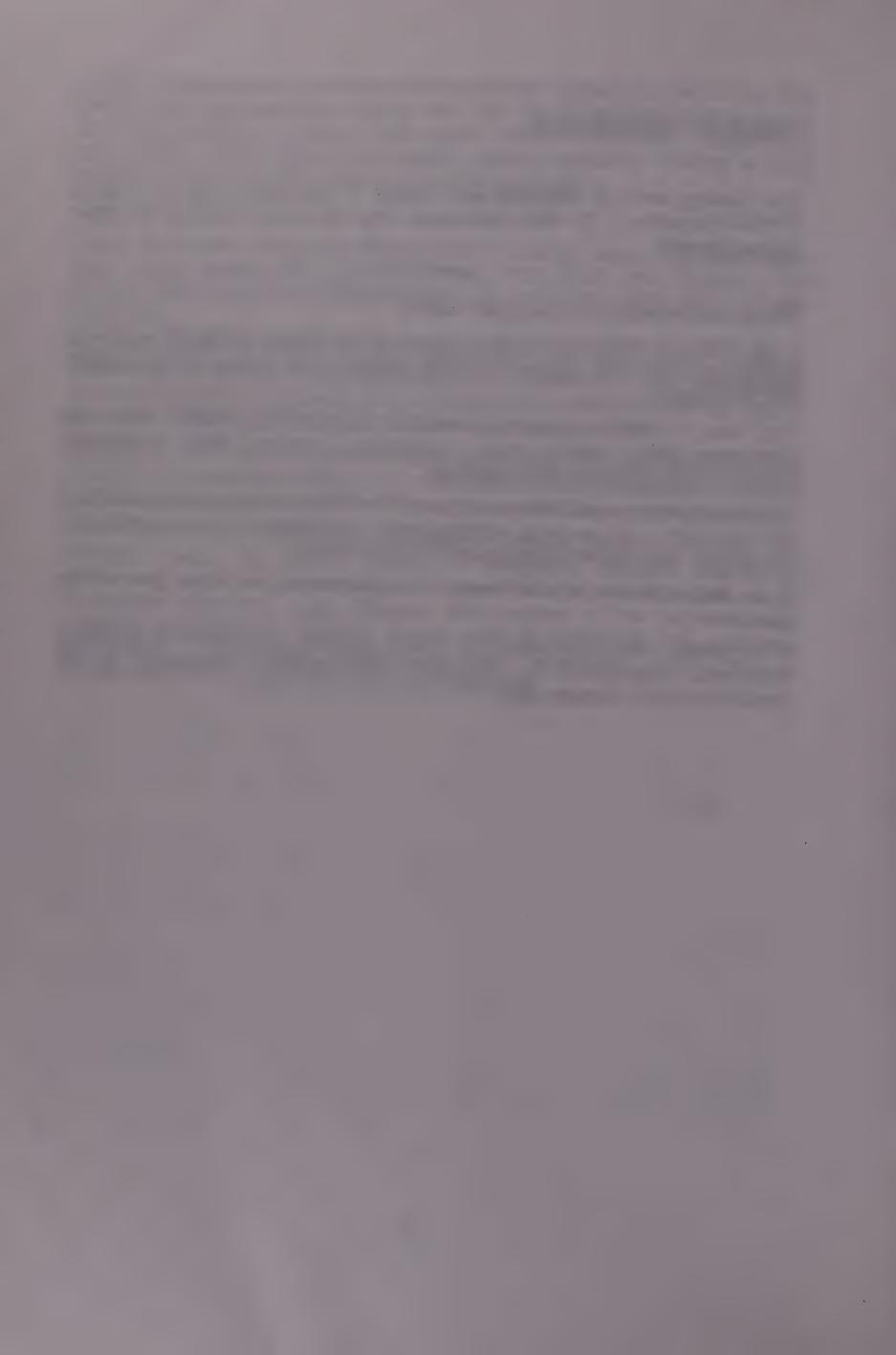
This study is being undertaken according to detailed literature indicating the particular needs of illiterate people in accessing HIV/aids educational programmes. Previous research also expresses the importance for young people of accurate information about HIV/aids. Both sections of the community face increased risks of HIV infection through lack of awareness and increased susceptibility. Consequent targeting of these population groups through appropriately-run programmes is seen as imperative.

#### **TERMS OF REFERENCE**

The following terms of reference were framed in consultation with the head of RUHSA Department Dr Abel Rajaratnam and the Health Educator Mr Stalin Gnanasigamani.

The terms of reference of the project were to:

- 1. (a) initially, to determine the effectiveness of the RUHSA HIV/AIDS awareness programme within four women's self-help groups in the villages of Sethuvandai and Serayanpalli.
- 1.(b) later, to determine the effectiveness of the RUHSA HIV/AIDS awareness programme within specific groups comprising Vocational Boys (4-wheeler), Vocational Girls (tailoring) and Animators.
- 2. to determine the extent of knowledge and the extent of change in knowledge of HIV/AIDS within the women's self-help groups represented by the Animators in the sample, after HIV/AIDS education by the Animators.
- 3. to determine the attitude toward HIV-infected people within the sample population.
- 4. to provide recommendations for future direction to RUHSA in HIV/AIDS awareness programmes for particularly disadvantaged subgroups of the population in K.V. Kuppam block.



#### METHODOLOGY

#### Time Plan

WEEK BEGINNING Preparatory Phase	TASK
3 <sup>RD</sup> AUGUST	Formulate study design, establish questionnaire; objectives; time line and sample
10 <sup>th</sup> AUGUST	Finalisation of questionnaire; pilot test questionnaire.
17 <sup>th</sup> AUGUST	Development of intervention plan
24 <sup>th</sup> AUGUST	Development of intervention plan
a set a comment	Development of intervention plan
31 <sup>st</sup> AUGUST	Development of materials; Intervention:-
Intervention Phase	
7 <sup>th</sup> SEPTEMBER	2 <sup>nd</sup> Sept - Vocational Boys Programme
	3 <sup>rd</sup> Sept - Vocational Girls Programme
	Development of Animators programme; production of materials;
14 <sup>th</sup> SEPTEMBER	10 <sup>th</sup> Sept - Animators Programme
21 <sup>st</sup> SEPTEMBER	15 <sup>th</sup> Sept - Vocational Boys Programme
	Data collation & analysis
28 <sup>th</sup> SEPTEMBER	Data collation
5 <sup>th</sup> OCTOBER	Data collation & input into computer
12 <sup>th</sup> OCTOBER	Data analysis
19 <sup>th</sup> OCTOBER	Report writing
26 <sup>th</sup> OCTOBER	Report writing
30 <sup>th</sup> OCTOBER	Presentation

#### **General Objective**

To evaluate the effectiveness of the one day programme by measuring the increase in knowledge.

#### Objectives -

A/ By the end of the one day programme 75% of the respondents will be able to:-

- 1. State that there is no cure for HIV/AIDS.
- 2. State the cause of HIV/AIDS.
- 3. Indicate 3 ways that HIV/AIDS can spread.
- 4. Indicate at least 3 signs of HIV/AIDS.
- 5.. Indicate 3 ways to prevent the spread of HIV/AIDS.
- 6. Indicate that the use of condoms prevents STD's and the spread of HIV/AIDS.
- 7. Understand the relationship between STD's and HIV/AIDS.
- 8. Accept the presence of an HIV infected person in their home.

B/ To discover existing knowledge, attitudes and high risk behaviours that exist in the villages

#### Phases of the Programme - Overview

PREPARATORY PHASE 3rd August - 31st August

During this phase of the project a study plan was developed that would identify the justification, aims and objectives of the project. A time plan was developed and a sample population was selected. A presentation was made to the faculty where the plan and study was approved.

After consultation with staff who's expertise involved the development of a questionnaire a set of questions were developed and a field visit was undertaken to pilot test the questionnaire.

A pilot test was undertaken with a self help group from the village of Sethunvandai where 13 women were present. The majority of these women were employed as coolies and lived in the same 2 streets in the village.

It was realised the timing of the programme would be difficult.

Pilot Test - it was discovered that many of the women had been exposed to RUHSA interventions as well as radio and television advertising and some were involved in the adolescent Girls group. They preferred the puppet show and the cultural programme and most were aware there is no cure for HIV/AIDS. They believed that HIV was present in the village but the question asking if HIV was present in the street was omitted as it was felt that it would unnecessarily identify a HIV+ person who may not wish to be identified. They felt that a women doctor would be the most appropriate person to educate them, but when asked for an alternative they felt that the FCV, RCO, HA or Social Worker would be a reasonable alternative option.

None of the ladies felt that infected people should be turned away from the village and they should definitely be cared for at home unless they were too sick, and then they should go to the hospital.

The ladies were keen to learn more about HIV/aids and want to be involved in the education programme. They are keen to pass the message on.

One question raised was 'Why we wanted to do the programme with them?' It was explained that women are central to the community, they look after the community. They care for their men and children. If they know how to prevent HIV/AIDS and pass this information on, the people in the village will be safer.

Proceeding the outcome of the pilot test appropriate changes were made to the questionnaire.

During this phase an intervention plan was developed that would incorporate the education of both adolescent Boys and Girls and the poorly educated and illiterate women from the villages in the Peripheral Service Units (PSU's) of Pasmathur and Veppur in the K.V.Kuppam Block.

INTERVENTION PHASE 31st August - 15th September

During this phase the 4 programmes were implemented :-

2/9/98 - Vocational Boys (4 Wheeler Mechanics)

3/9/98 - Vocational Girls (Tailoring Group)

10/9/98 - Animators (from 14 Self Help Groups)

15/9/98 - Vocational Boys (2 Wheeler Mechanics)

During this phase alterations were made to the individual curriculums in an attempt to be responsive to feedback from the individual groups.

Each of the Vocational groups were also issued with questionnaires so that they could instruct others about what they had learned and return their completed questionnaires to RUHSA

DATA COLLECTION & ANALYSIS 15th September - 12th October

Data from the one day programmes was collected after each programme, but the data from the self help groups who's programme was administered by the Animators was collected by the 28<sup>th</sup> September. Some confusion about the outcome of these questionnaires resulted in a delay of collecting the data until the 23<sup>rd</sup> of October, after which more time needed to be allocated to analysis.

The data collected from the Vocational Boys (4 Wheeler & 2 Wheeler Groups), Vocational Girls and the Animator Groups were analysed manually. The data returned from the Self Help Groups was keyed into the RUHSA computers and collated by the FOXPLUS programme.

REPORT WRITING 12th October - 30th October

The report was written up on MicroSoft Word 6 and the first draft was made available on the 30<sup>th</sup> of October.

PRESENTATION - 30th October

A presentation of the project was presented to the faculty on the 30<sup>th</sup> of October.

#### **Methodology - Preparatory Phase**

This study was an applied action research directly related to HIV/aids education in India. It was applied research because it aimed to solve a specific problem and help to establish programmes that would help improve the health of the community.

This research was predictive and explanatory attempting to advance knowledge about the nature of high risk behaviour in the community.

This study was built on the theory that HIV/aids education can affect the risk taking behaviour of people.

The study stated no hypothesis but objectives where stated and the evaluation would discover if the objectives had been met.

Ethics - It was explained to all participants who I was and why I was involved with RUHSA. I assured all participants that their confidentiality and privacy would be respected and that they were under no obligation at all to participate in the programme.

Operational definition of concepts:- Certain questions were asked pre and post test to evaluate an increase in knowledge.

Sample Group - The sample group was not a random sample. The Vocational training groups were selected by the Head of RUHSA and the Animators were selected by their location in the same area of the K.V.Kuppam block.

The self help group members were selected to evaluate the information delivered by their Animators.

The groups consisted of:-

#### **PROGRAMME 1**

39 Vocational Boys (4 Wheeler)

24 Vocational Girls (Tailoring Group)

14 Animators

#### PROGRAMME 2.

23 Vocational Boys (2 Wheeler)

244 Self Help Group members

Programme 1 involved the administration of a long questionnaire (see Appendix 1) which investigated high risk behaviours in the villages.

In Programme 2 the questionnaire (see Appendix 2) administered was limited to the knowledge gained from the programme.

#### Methodology - Intervention Phase PROGRAMME 1

**Vocational Boys (4 Wheeler Mechanics)** 

Date - 2/9/98

Sample Group - Vocational Training School Boys (4 Wheeler Mechanics)

Location - RUHSA: Conference Room

Total Number of participants - 39

Medium of Instruction - Tamil

Average Age - 20 years

Average years education - 10th Standard.

### CURRICULUM - HIV/AIDS AWARENESS PROGRAMME FOR VOCATIONAL TRAINING BOYS - 4 Wheeler Group

TIME	OBJECTIVES	CONTENT	METHOD	RESOURCE
2 <sup>nd</sup> Sept				PERSONS
9.30 - 10.30 -	To analyse the pre-entry knowledge of the participants	Pre-test evaluation	Filling out of questionnaire	Gail, Mr Stalin
10.45	To discuss the importance of a one day programme on HIV/AIDS	Introduction to the programme	Short talk	Mr Stalin, Gail
11.30	To discuss the cause of HIV/AIDS To identify the mode of transmission of HIV/AIDS To state the high risk behaviours in the community To discuss the incubation period of HIV/AIDS To discuss the signs & symptoms of HIV/AIDS To describe the preventative measures of HIV/AIDS To describe the relationship between STD's & HIV/AIDS To illustrate the transmission of HIV/AIDS	Introduction to HIV/AIDS Information	Short talk & Wildfire game	Mr Stalin Mrs. Jayalakshmi
11.30 11.45 -	Coffee break & set up visual aids  To show slide show & promote discussion about			
12.30 12.30 -	STD's  To show a video on HIV/AIDS	Increased knowledge & awareness	Slide Show	Mr Solomon Victor
1.00	Lunch	increased knowledge & awareness	Video	Mr Stalin
1.30 - 2.00 -	To promote sharing of HIV/AIDS information To illustrate the dangers of HIV/AIDS	increased knowledge & awareness	Puppet show	Mr Stalin & Boys
3.00	To illustrate the spread of HIV/AIDS, the importance of sharing HIV/AIDS knowledge & the importance of identifying high risk behaviour	Focus on spread of HIV/AIDS from one community to another. Sharing knowledge with family & community, & challenging high risk	Participatory role play	Everyone
3.00 -	To be able to communicate HIV/AIDS & STD information to the community	Focus on communication	Talk	Mr Stalin
.00	To answer any questions	Clarification of knowledge	Talk	Mr Stalin
.30	To evaluate the post-programme level of HIV/AIDS knowledge	Immediate post-test evaluation of knowledge	Questionnaire	Ms Gail & Mr Stalin

#### **Educational Tools Used -**

Short Talk

**Educational Games** 

Slide Show

Video

**Puppet Show** 

Role Play

Question Time & Discussion

#### Outline of Proceedings -

A pre evaluation was administered immediately the Boys were seated. The morning programme involved the sharing of HIV/AIDS & STD information delivered informally by Mr Stalin, various types of educational tools were used a talk, slide show, a video show and the group game of wildfire.

The afternoon involved the Boys being instrumental in creating the HIV/AIDS messages themselves, they were asked to participate in producing the puppet show.

Later in the afternoon the Boys were asked to become involved in some participatory role play and after being presented with a scenario they were asked to develop a role play that would illustrate the HIV/AIDS messages.

The Boys were then asked to communicate the messages they had learned that day to at least 3 other members of the community.

To finish the day a question time was held - the Boys could write what questions they had on a piece of paper which was then handed to Mr Stalin who answered each question.

The post evaluation was then administered and then the closure of the programme.

<u>What was Added</u> - It was during question time that there were many request from the Boys to be shown how to use a condom, so this was included into the instruction with a demonstration on how to use a condom.

#### **Vocational Training School Girls (Tailoring Group)**

Date - 3/9/98

Sample Group - Vocational Girls (Tailoring Group)

Location - RUHSA Conference Room

Total Number of participants - 24

Medium of Instruction - Tamil

Average Age - 20 years

Average years education - 10th Standard

# CURRICULUM - HIV/AIDS AWARENESS PROGRAMME FOR VOCATIONAL TRAINING GIRLS - Tailoring Group

DATE	OBJECTIVES	CONTENT	METHOD	RESOURC
2 <sup>nd</sup> Sept				E
9.30 - 10.30 -	To analyse the pre-entry knowledge of the participants		Filling out of questionnaire	PERSONS Gail, Mr Stalin
10.45	To discuss the importance of a one day programme on HIV/AIDS	Introduction to the programme	Short talk	Mr Stalin, Gail
10.45 - 11.30	To discuss the cause of HIV/AIDS  To identify the mode of transmission of HIV/AIDS  To state the high risk behaviours in the community  To discuss the incubation period of HIV/AIDS  To discuss the signs & symptoms of HIV/AIDS		Short talk & Wildfire game	Mr Stalin
11.30-	To describe the preventative measures of HIV/AIDS To describe the relationship between STD's & HIV/AIDS To illustrate the transmission of HIV/AIDS Coffee break & set up visual aids			
11.45 -	To show slide show & promote discussion			
12.30 12.30 -	about STD's  To show a video on HIV/AIDS	Increased knowledge & awareness	Slide Show	Mr Stalin
1.00		Increased knowledge & awareness	Video	Mr Stalin
.30 -	Lunch			
2.00	To promote sharing of HIV/AIDS information To illustrate the dangers of HIV/AIDS	increased knowledge & awareness	Puppet show	Mr Stalin &
3.00	To illustrate the spread of HIV/AIDS, the importance of sharing HIV/AIDS knowledge & the importance of identifying high risk behaviour	Focus on spread of HIV/AIDS from one community to another Sharing knowledge with family & community, & challenging high risk behaviours	Participatory role play	Everyone Everyone
	To be able to communicate HIV/AIDS & STD information to the community	Focus on communication	Talk	Mr Stalin
30 -	To evaluate the post-programme level of HIV/AIDS knowledge	Immediate post-test evaluation of knowledge	Questionnaire	Ms Gail & Mr Stalin

#### Educational Tools Used -

Talk

Video

Role Play

Slide Show

**Group Game** 

Question time & discussion

#### Outline of Proceedings -

The pre test was administered as soon as the Girls were seated. After a brief introduction the morning session consisted of Mrs. Lillijohn speaking to the Girls about STD's and HIV/AIDS facts.

The afternoon involved the viewing of the HIV/AIDS video and the slide show on STD's. This was followed by a talk on the importance of communicating these messages back to the community.

The Girls were then presented with a scenario and asked to present a role play. This was then followed by question time, where numerous questions were written down and passed to the front, these were answered by Mr Stalin

#### **Animators**

Date - 10/9/98

Sample Group - Animators from 14 Self Help Groups

Location - Hyderpurum

Medium of Instruction - Tamil

Average Age - 35

Average years education - 7th Standard

## CURRICULUM - HIV/AIDS AWARENESS PROGRAMME FOR ANIMATORS OF THE WOMEN'S SELF HELP GROUPS

DATE TIME 10 <sup>th</sup> Sept	OBJECTIVES	CONTENT	METHOD	RESOURCE
10.20 - 10.30	Introduction	To programme		
10.30 - 11.00	To analyse the pre-entry knowledge of the participants	Pre-test evaluation	Filling out of questionnaire	Gail, M Amalan, Miss Mabel
11.00 - 11.15 -	one day programme on HIV/AIDS	Introduction to the programme & HIV/AIDS information	Short talk	Gail, Miss Mabel
11.45 - 1.00	To discuss the cause of HIV/AIDS To identify the mode of transmission of HIV/AIDS To state the high risk behaviours in the community To discuss the incubation period of HIV/AIDS To discuss the signs & symptoms of HIV/AIDS To describe the preventative measures of HIV/AIDS	The state of the s	Flash cards	Miss Mabel
1.00 - 2.00	To discuss issues in the village about STD's & HIV/AIDS Lunch		Preparation for role play	Women, Miss Mabel
2.00 - 2.45	To illustrate the spread of HIV/AIDS, the importance of sharing HIV/AIDS knowledge & the importance of identifying high risk behaviour	Focus on spread of HIV/AIDS from one community to another Sharing knowledge with family & community, & challenging high risk behaviours	Participatory role play	Everyone
2.45 - 3.00	To illustrate the importance of communication to the self help groups	Focus on communication	Talk	Mr Amaian
2.45 - 3.00	Question time	Clarification of knowledge	B:	
2.45 - 3.00	To evaluate the post-	Clarification of knowledge	Discussion	Miss Mabel
	programme level of HIV/AIDS knowledge	Immediate post-test evaluation of knowledge	Questionnaire	Gail, Miss Mabel, Mr Amalan
3.00 -3.15	Distribution of materials			

#### Educational Tools Used -

Talk

Flash Cards

Group Game

Role Play

**Question Time** 

Outline of Proceedings - The day began with the ladies placing their names on a list to show they had attended the programme, they then completed the pre test questionnaire. After a brief introduction Miss Mabel gave a talk on STD's and HIV/aids using a set of flash cards. Then a group game was conducted followed by some group discussion and preparation for some role plays. After lunch was taken the ladies acted out their role plays and created some more discussion. Mr Amalan then gave a talk about the value of communication and how to communicate the information to their groups. This was followed by question time and the post test questionnaire. The materials were distributed to the ladies so that they may conduct their own programme and return the questionnaires to RUHSA.

#### **PROGRAMME 2**

**Vocational Boys (2 Wheeler Mechanics)** 

Date - 15/9/98

Sample Group - Vocational Boys (2 Wheeler)

Location - RUHSA - conference room

Total Number of participants - 23

Medium of Instruction - Tamil

Average Age - 19

Average years education - 10<sup>th</sup> Standard

## CURRICULUM - HIV/AIDS AWARENESS PROGRAMME FOR VOCATIONAL TRAINING BOYS (2 Wheeler Mechanics)

DATE / TIME 15 <sup>th</sup> Sept	OBJECTIVES	CONTENT	METHOD	RESOURCE PERSONS
9.30 - 10.00 -	To analyse the pre-entry knowledge of the participants	Pre-test evaluation	Filling out of questionnaire	Gail, Stalin
10.30 10.30 - 10.45	To discuss the importance of a one day programme on HIV/AIDS  COFFEE BREAK	Introduction to the programme	Short talk	Stalin, Gail
10.45 - 12.30	To discuss the cause of HIV/AIDS To identify the mode of transmission of STD's & HIV/AIDS To state the high risk behaviours in the community To discuss the incubation period of HIV/AIDS To discuss the signs & symptoms of HIV/AIDS & STD's To describe the preventative measures of HIV/AIDS & STD's	Introduction to HIV/AIDS Information	Short talk video Slide show	Stalin
12.30 - 1.30 1.30 - 3.30	To promote sharing of HIV/AIDS information To illustrate the dangers of HIV/AIDS To discover adolescent sexual behaviours To identify gaps in knowledge To promote safe personal behaviour	Increased knowledge & awareness	Group work & games Mini questionnaire	Stalin Boys
3.30-4	To answer queries about the days information	Increase knowledge	Role plays  Question time	Stalin
.30	To evaluate the post-programme level of HIV/AIDS knowledge	Immediate post-test evaluation of knowledge	Questionnaire	Gail, Stalin

Educational Tools Used -

Talk

Video

Slide show

Group work

Role play

### Outline of Proceedings -

The day began with the filling out of pre test questionnaires, followed by introductory speeches that introduced the topic and the days agenda.

After a coffee break an intensive session on the causes, signs and symptoms of HIV/aids and STD's was given. It was displayed in various forms. By video, slide show and a lecture.

After lunch there was a variation in the format from previous programmes. There was more concentration on group work and the groups were given a mini questionnaire asking them more personal questions about sexual behaviours.

A secret ballot was held to ask which Boys had participated in sexual intercourse.

After the groups offered some feedback on this exercise they were given a scenario and asked to present a role play. This exercise was followed by a question time and then the post test questionnaire was administered.

What was Added - a demonstration on how to use a condom was included after a specific request form the Boys

### Self Help Groups

Date - 10/9/98 - 25/9/98

Sample Group - Self Help Group Members

Location - Various villages

Total Number of participants - 244

Medium of Instruction - Tamil

Educational Tools Used - Educational booklets and leaflets

Outline of Proceedings - The Animators were to give the pretest first, then were to instruct their members about STD's and HIV/aids, after this they were to administer the post test.



### **RESULTS**

#### **Qualitative Data**

# Qualitative feedback from Vocational Boys (4 Wheelers) General feedback from the day:-

The Boys indicated that the programme had been successful in increasing the Boys knowledge about HIV/AIDS and they indicated that this information will influence their behaviour in the future.

Written comments from the post test questionnaire:-

# Attitude & Behavioural Change:-

- 25 (64.1%) Stated that they will pass the information on to others.
- 13 (33.3%) Stated that they will help/counsel AIDS patients and treat them with love and affection.
- 9 (23.0%) Stated that they will behave sincerely and not have illegal sex.
- 7 (17.9%) Stated that they would tell their close friends and family.
- 5 (12.8%) Stated that they will use a condom for prevention
- 2 (5.1%) Stated that they will discourage others from having illegal sex

### Knowledge:-

- 13 (33.3%) Stated they had learnt about the spread, signs and symptoms of HIV/AID, and that there is no cure.
- 11 (28.2%) Stated they had learnt about prevention.
- 2 (5.1%) Stated that they had learnt (for the first time) that HIV/AIDS is spread through injection

#### General Comments:-

The Boys gave thanks to the organisers for providing the programme and requested that the programme be taken to a public place for all to see. They commented that the programme was very useful and they had learned a lot. They found the video and role play most useful and requested another programme. They felt that more time should have been allowed for Question time.

Return of Questionnaires - The Boys who were resident in the K.V. Kuppam block were issued with questionnaires to administer to 3 other people. This was an attempt to discover how far the messages would be disseminated into the community. The result of this was that out of the 22 Boys 66 questionnaires were distributed, from these only 15 (22.7%) were returned.

# Qualitative feedback from the Vocational Girls

General Feedback from the day:- The Girls were very happy with the programme and said it was good to know about how to help others and how to lead their lives the right way. They said that even though they had attended an adolescent Girls programme the previous week they felt the programme helped to clarify some points that they were not sure about.

### Written Comments:-

# Attitude & Behavioural Change

- 14 (58.3%) Stated that they will tell others
- 2 (8.3%) Stated that they will treat AIDS people with love & affection
- 2 (8.3%) Stated that in the future they will behave sincerely
- 1 (4.1%) Stated that she will tell family and friends
- 1 (4.1%) Stated that she will stop commercial sex workers from practicing

## Knowledge

- 7 (29.2%) Stated that they have learned about the signs and symptoms and spread of HIV/AIDS
- 5 (20.8%) Stated that they have learned about the prevention of HIV/AIDS
- 2 (8.3%) Stated that they learned that HIV was spread by injection
- 2 (8.3%) Stated that they learned about STD's

General Comments:- The Girls stated that it was a very good programme and the same programme could be shown to many more people. The Girls indicated that RUHSA could inform others and villages about HIV/AIDS

Return of Questionnaires - The Girls were issued with questionnaires to administer to 3 other people. This was an attempt to discover how far the messages would be disseminated into the community. The result of this was that out of the 24 Girls (72 questionnaires) from the tailoring group 15 (20.8%) completed questionnaires were returned. Two of the Girls had bad experiences why they should be telling people about such things.

# Qualitative feedback from the Animators

Feedback - The ladies said they would have preferred a video. They were also not prepared as they did not know the topic of the programme until they arrived. They said that they will go back and share their information with their groups but request that a video be shown to the whole village so that every one can understand even those who are illiterate. One lady said that the day was better than what she had learned from the TV or radio as she had learned much more.

General Comments - Initially the ladies were reluctant to participate in the role plays but after they had participated in some group work they became more confident and presented some role plays based on a prepared scenario.

Return of Questionnaires - 14 Animators present at the one day programme returned the majority of the questionnaires from their groups.

# Qualitative feedback from the Vocational Boys (2 Wheeler group.)

Feedback - Two of the Boys knew of someone with HIV/AIDS. One man had died and his wife now had HIV and the other man had committed suicide recently.

The Boys were very happy about being offered choices about their participation in the programme and the fact that their confidentiality was assured.

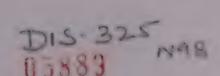
Result of secret ballot - 4 out of 23 (17.4%) Boys stated that they had had sexual intercourse.

General Comments - The Boys were very grateful for the programme and felt they had learned a lot. They thanked the organisers for the programme and asked for additional programmes so that they could learn more about HIV/AIDS.

Return of Questionnaires - 2 questionnaire were given out to 12 Boys who indicated their willingness to participate - and none of these where returned.

# Qualitative information from the Self Help groups

Feedback - The women were very pleased to participate in the programme. They had not participated in anything like this before and felt that it was very exciting to be involved in this.



### Quantitative Data

The following pages provide the results of information gathered from the pre and post questionnaires that were administered to each group.

Programme 1 - involves a long questionnaire that was administered to the Vocational Boys (4 Wheelers), Vocational Girls (Tailoring Group) and the Animators, inquiring about knowledge learned from the one day programme and also attempts to discover high risk behaviours that may occur in the villages.

<u>Programme 2 -</u> involves a short questionnaire designed to measure any increase in knowledge the participant may have gained after experiencing the one day programme

#### **PROGRAMME 1**

The following questions were included in the Pre test questionnaire. All the respondents (100%) indicated that they had heard about HIV/AIDS.

Table 1. This table indicates where the sample group acquires their information about HIV/aids. A significant amount of respondents have learnt about HIV/aids from the mass media - television (54.5%), Newspaper (40.3%) and Radio (39.0%). But then interestingly RUHSA also rated very highly with (45.6%). There does not appear to be much information obtained through the family unit as this scored the lowest with only 11.7% of the respondents stating the family as a source of information.

Table 1- Distribution of respondents' sources of HIV/aids information according to the specific groups

Vocational

Animators

	Boys N=3		Girls N=24	Onar	N=14	alors 1	N=77	
Source of information in order of frequency	No	%	No.	%	No.	%	No.	%
T.V.	17	43.6%	15	62.5%	10	71.4%	42	54.5%
RUHSA	13	33.3%	17	70.8%	5	35.7%	5	45.6%
Newspapers	13	33.3%	12	50.0%	6	42.9%	31	40.3%
Radio	13	33.3%	13	54.2%	4	28.6%	30	39.0%
School	13	33.3%	13	54.2%	2	14.3%	28	36.4%
Books	11	28.2%	10	41.6%	4	28.6%	25	32.5%
Posters	9	23.0%	6	25.0%	5	35.7%	20	26.0%
Friends	11	28.2%	3	12.5%	2	14.3%	16	20.8%
Family	6	15.4%	3	12.5%	0	0.0%	9	11.7%

Table 2 indicates that the majority of respondents were aware that HIV/AIDS was present in Tamil Nadu. 37(94.4%) of the Vocational Boys stated that they were aware that HIV/AIDS was present in Tamil Nadu compared with 10(71.4%) of the Animators.

Table 2 - Distribution of respondents' knowledge of the existence of HIV/AIDS in Tamil Nadu

	Vocati Boys N=39	ional	Voca N=24	tional Girls	Anim N=14		Tota	
Presence in Tamil Nadu	No.	%	No.	%	NO.	%	No.	%
Yes	37	94.9%	22	91.6%	10	71.4%	69	89.6%
No	0	0.0%	2	8.4%	0	0.0%	2	2.6%
Don't/know	2	5.1%	0	0.0%	4	28.6%	6	7.8%
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%

Table 3 indicated that 6(15.4%) participants from the group of Vocational Boys were the only respondents from the sample who indicated that HIV/AIDS was present in their village.

Table 3 - Distribution of respondents' knowledge of HIV/AIDS existence in their Vocational Vocational Girls Animators

	Boys N=39			N=24		N=14		N=77	
Presence in village	No.	%	No.	%	No.	%	No.	%	
Yes	6	15.4%	0	0.0%	0	0.0%	C	7 200	
No	16	41.0%	13	E4 00/			6	7.8%	
Don't War			13	54.2%	3	21.4%	32	41.6%	
Don't Know	17	43.6%	11	45.8%	11	78.6%	39		
Total	39	100.0%	24	400.004			33	50.6%	
		100.076	24	100.0%	14	100.0%	77	100.0%	

Table 4 indicates that most of the sample population 68(88.3%) are aware that HIV/AIDS is not spread by the sharing of cups and plates and shaking hands.

Table 4 - Distribution of respondents who believe that HIV/AIDS is spread by shaking hands and sharing cups and plates

Vocational	Vocational Girls	Animators	Total
Boys	N=24	N=14	N=77
N=39			

	14-55							
	No.	%	No.	%	No.	%	No.	%
Yes	1	2.6%	0	0.0%	0	0.0%	1	1.3%
No	33	84.6%	24	100.0%	11	78.6%	68	88.3%
Don't Know	5	12.8%	0	0.0%	3	21.4%	8	10.4%
Total	39	100%	24	100%	14	100%	77	100%

Table 5 illustrates the age at which respondents believe HIV/AIDS education should begin.

Table 5 - Respondents' opinion of the age at which HIV/AIDS education should begin

	Vocational Boys	Vocational Girls	Animators	Total
	N=39	N=24	N=14	N=77
Age [Years]	16.8	15.6	18.4	Average = 16.7 years

Table 6 illustrates that 22 (56.4%) of the Vocational Boys have talked about HIV/AIDS while the Animators have not discussed HIV/AIDS at all. 16 (66.6%) of the Vocational Girls have never talked about HIV/AIDS

Table 6 - Distribution of respondents' who have shared HIV/AIDS information.

Vocational

Vocational

	Boys N=39		Girls N=24	<b>1</b>	N=14		N=77	
	No.	%	No.	%	No.	%	No.	%
Yes	22	56.4%	8	33.3%	0	0.0%	30	39.0%
No	17	43.6%	16	66.6%	14	100.0%	47	61.0%
Total	39	100.0	24	100.0%	14	100.0%	77	100.0%

**Animators** 

Table 7. The Health Aide is the most popular person selected to educate others about HIV/aids 32(41.6%), followed closely by the doctor with 31(40.3%) Interestingly the RCO rated highly with 23(28.9%), followed by the Social Worker on 22 (28.6%). The respondents did not consider the Family Care Volunteer (FCV) as a very good person to educate them this was selected by only 11 people or 14.3% of the study population.

Table 7 - The distribution of respondents who selected the best person to educate others about HIV/aids (in order of frequency)

	Voca Boys N=39		Vocat Girls N=24		Anima N=14	ators	Total	
	No.	%	No.	%	No.	%	No.	%
H.A.	7	17.9%	15	62.5%	10	71.4%	32	41.6%
Doctor	14	35.9%	13	54.2%	4	28.6%	31	40.3%
RCO	3	7.7%	11	45.8%	9	64.3%	23	
Social Worker	9	23.1%	9	37.5%	4	28.6%	22	29.9%
Nurse	1	2.6%	11	45.8%	4	28.6%	16	20.00
Teacher	5	12.8%	6	25.0%	4	28.6%		20.8%
Parents	8	20.5%	5	20.8%	2		15	19.5%
emale	0	0.0%	8			14.3%	15	19.5%
Person		0.0%	0	33.3%	4	28.6%	12	15.6%
CV	1	2.6%	6	25.0%	4	28.6%	11	14 20/
Oon't Know	7	17.9%	1	4.2%	0	0.0%	8	14.3%

Table 8. 5(12.8%) of the Vocational Boys and 2(14.3%) of the Animators indicate that sex before marriage occurs in their village. But over 50% of the respondents don't know this behaviour occurs.

Table 8 - Distribution of respondents who believe that people in their village have sex before marriage

Vocational Boys N=39	Vocational Girls N=24	Animators N=14	Total N=77
والمستناس والمتناقات	والمستحدث والمستحدث والمستحدث والمستحدد		

	No.	%	No.	%	No.	%	No.	%
Yes	5	12.8%	0	0.0%	2	14.3%	7	9.1%
No	18	46.2%	10	41.7%	1	7.1%	29	37.7%
Don't Know	16	41.0%	14	58.3%	11	78.6%	41	53.2%
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%

Table 9. indicated that Vocational Boys believe that sex outside marriage occurs in their village. A small percentage of women from the Vocational Girls and Animator groups (4.2% and 14.3% respectively) acknowledged the presence of the activity in their villages.

Table 9 - Distribution of respondents who believe that people in their village have sex outside of marriage

	Boys	Vocational Boys N=39		N=24		nators 4	N=77		
	No.	%	No.	%	No.	%	No.	%	
Yes	6	15.4%	1	4.2%	2	14.3%	9	11.7%	
No	18	46.1%	9	37.5%	1	7.1%	28	36.4%	
Don't Know	15	38.5%	14	58.3%	11	78.6%	40	51.9%	
Total	39	100.0%	24	100.0%	14	100.0	77	100.0%	

Table 10. indicates that 6(15.4%) of the Vocational Boys acknowledge the presence of commercial sex workers in their village. The Vocational Girls are not aware of any commercial sex workers in their village.

Table 10 - Distribution of respondents who believe there are commercial sex workers in their village

	Vocational Boys N=39				Animators N=14		Total	
No.	%	No.	%				%	
6	15.4%	0	0.0%	1		7	9.1%	
14	35.9%	11	45.8%	3		20		
19	48.7%	13	54.2%	10	71.4%	42	36.4%	
39	100.0%	24	100.0%	14	100.0%	77	100.0%	
	N=39 No. 6 14	N=39  No. % 6 15.4% 14 35.9% 19 48.7%	N=39       N=24         No.       %       No.         6       15.4%       0         14       35.9%       11         19       48.7%       13	N=39       N=24         No.       %       No.       %         6       15.4%       0       0.0%         14       35.9%       11       45.8%         19       48.7%       13       54.2%	N=39       N=24       N=14         No.       %       No.       %       No.         6       15.4%       0       0.0%       1         14       35.9%       11       45.8%       3         19       48.7%       13       54.2%       10	N=39       N=24       N=14         No.       %       No.       %         6       15.4%       0       0.0%       1       7.1%         14       35.9%       11       45.8%       3       21.4%         19       48.7%       13       54.2%       10       71.4%	N=39       N=24       N=14       No.       No. <t< td=""></t<>	

Table 11 indicates the respondents' affirmation of homosexual people who live in the villages. The male respondents were more aware of the residence of homosexual people in their village.

Table 11 - Distribution of respondents who believe that there are homosexuals in their village

	Voca Boys N=39			Vocational Girls N=24		Animators N=14		Total N=77		
	No.	%	No.	%	No.	%				
Yes	11	28.2%	5	20.8%			No.	%		
Ale				20.0%	1	7.1%	17	22.1%		
No	14	35.9%	5	20.8%	7	50.0%	00			
Don't	14	25.00/				30.0%	26	33.7%		
Know	14	35.9%	14	58.3%	6	42.9%	34	44.2%		
Total	39	100.0%	24	100.00	•					
		100.0%	24	100.0%	14	100.0%	77	100.0%		

Table 12 indicates that 3(3.9%) of the respondents are aware of intravenous drug users in their village. More Boys are aware of this high risk behaviour than the Vocational Girls 1(4.2%). Animators are not aware of the presence of intravenous drug users at all.

Table 12 - Distribution of respondents who believe that there are intravenous drug users in their village

	Voca Boys N=39		Voca Girls N=24		Anim N=14	nators 4	Total N=77	
	No.	%	No.	%	No.	%	No.	%
Yes	2	5.1%	1	4.2%	0	0.0%	3	3.9%
No	20	51.3%	13	54.2%	8	57.1%	41	53.2%
Don't Know		43.6%	10	41.6%	6	42.9%	33	42.9%
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%

Table 13 indicates that 21(53.9%) of the Vocational Boys were aware of the availability of condoms in their village. Only 3(12.5%) of the Vocational Girls and 3(21.4%) of Animators knew that condoms were available in their villages.

Table 13 - Distribution of respondents who know that condoms are available in their village

	N=39		Girls N=24		N=14 N=77				
	No.	%	No.	%	No.	%	No.	%	
Yes	21	53.9%	3	12.5%	3	21.4%	27	35.1%	
No	8	20.5%	9	37.5%	6	42.9%	23	29.9%	
Don't Know	10	25.6%	12	50.0%	5	35.7%	27	35.0%	
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%	

Vocational Roys Vocational

Table 14.- 39(50.6%) of respondents believe that a person suffering from HIV/AIDS should remain at home while 32(41.6%) believe that they should be hospitalised. 14(18.2%) of respondents feel that a person should leave the village and 5(6.5%) feel that people with HIV/AIDS should be isolated.

Table 14. Distribution of respondents' opinion about desirable care options for HIV-infected people. (multiple responses were given.)

	Vocat Boys N=39			Vocational Girls N=24		Animators N=14		al '7
	No.	%	No.	%	No.	%	No	%
Stay at home	13	33.3%	15	62.5%	11	78.6%	39	50.6%
Hospital	16	41.0%	11	45.8%	5	35.7%	32	41.6%
Leave the village	1	2.6%	4	16.7%	9	64.3%	14	18.2%
Don't know	10	25.6%	2	8.3%	0	0.0%	12	15.6%
Isolation	0	0.0%	3	12.5%	2	14.3%	5	6.5%

Table 15. This table shows that a significant proportion of respondents 69(89.6%) would accept the presence of an HIV+ person in their home. The Vocational Girls were the most accepting.

Table 15. Distribution of respondents who would accept the presence of an HIV+ person in their own home.

	Vocational Boys N=39		Vocational Girls N=24		Animators N=14		Total N=77	
	No.	%	No.	%	No.	%	No.	%
Yes	33	84.6%	23	95.8%	13	92.9%	69	89.6%
No	4	10.3%	0	0.0%	0	0.0%	4	5.2%
Don't know	2	5.1%	1	4.2%	1	7.1%	4	5.2%
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%

# The following questions were included in the post test questionnaire

Table 16. This table indicates that a significant number 71(92.9%) of the respondents realised the importance of sharing their knowledge about HIV/AIDS with other people.

Table 16 - Distribution of respondents who indicate that they are willing to share their knowledge about HIV/AIDS

Vocational	Vocational Girls	Animators	Total
Boys	N=24	N=14	N=77
N=39	N=24	N=14	N=77

	No.	%	No.	%	No.	%	No.	%
Yes	34	87.2%	24	100.0%	13	92.9%	71	92,9%
No	1	2.6%	0	0.0%	0	0.0%	1	1.3%
Don't know	4	10.2%	0	0.0%	1	7.1%	5	6.5%
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%

Table 17. All of the Vocational Girls 24(100%) were willing to tell others about HIV/AIDS. 2(14.3%) of the Animators were not sure about passing on information about HIV/AIDS.

Table 17 - Distribution of respondents who are willing to tell others about HIV/aids

	Boys	Vocational Boys N=39		Vocational Anim Girls N=14 N=24		Inimators		l 7
	No.	%	No.	%	No.	%	No.	%
Yes	35	89.8%	24	100.0%	12	85.7%	71	92.2%
No	2	5.1%	0	0.0%	0	0.0%	2	2.6%
Don't know	2	5.1%	0	0.0%	2	14.3%	4	5.2%
Total	39	100.0%	24	100.0%	14	100.0%	77	100.0%

Table 18 indicates how many respondents correctly identified high-risk behaviours. Intercourse with multiple sex partners 74(96.1%) was the behaviour most recognised as high-risk, followed by intercourse with commercial sex workers 73(94.8%). Hugging was only recognised correctly as no-risk by 6(7.8%) of respondents.

Table 18 - Distribution of respondents who can identify high risk behaviours according to specific groups.

	Boys N=39		Girls	Vocational Girls N=24		Animators N=14		ll 7
	No.	%	No.	%	No.	%	No.	%
Kissing [very low risk]	11	28.2%	3	12.5%	0	0.0%	14	18.2%
Sex with CSW [high risk]	37	94.9%	23	95.8%	13	92.9%	73	94.8%
Multiple sex partners [high risk]	37	94.9%	23	95.8%	14	100.0%	74	96.1%
Hugging [no risk]	3	7.7%	3	12.5%	0	0.0%	6	7.8%
Sharing needles [high risk]	29	74.4%	21	87.5%	13	92.9%	63	81.8%
Receiving blood [high risk]	30	76.9%	19	79.2%	11	78.6%	60	77.9%

Table 19 illustrates the distribution of the respondents' adjusted preference of HIV/AIDS education. 76.6% of the respondents in the groups sampled, indicated that the medium of video was their principal choice of HIV/AIDS education. Role play featured particularly with 66.2% of the respondents indicating that they appreciated this method. The flash cards were the least appreciated method (9.1%), but the technique was only used in one group.

Table 19 - Distribution of proffered HIV/AIDS educational methods, indicated in order of preference to respondents.

	Vocational Boys N=39		Vocational Girls N=24		Animators N=14		Total N=varied	
	No.	%	No.	%	No.	%	No.	%
Video	37	94.9%	22	91.7%	N/A	-	59/63	76.6%
Role play	22	56.4%	18	75.0%	11	78.6%	51/77	66.2%
Talk	25	64.1%	17	70.8%	2	14.3%	44/77	57.1%
Slide show	22	56.4%	16	66.6%	N/A	-	38/63	49.4%
Group game	14	35.9%	18	75.0%	5	35.7%	37/77	48.1%
Puppet show	25	64.1%	N/A	-	N/A	-	25/39	32.5%
Group discussion	N/A	****	N/A	-	9	64.3%	9/14	11.7%
Flash cards	N/A	-	N/A	-	7	50.0%	7/14	9.1%

Table 20 shows the student's correct responses to measurable questions from the pre and post test questionnaire indicating either an increase or decrease in knowledge. This table indicates that the greatest increase in knowledge was for the attitude question that asked about the acceptance of an HIV infected person.

Table 20 - Distribution of increase in knowledge for Programme One - Vocational Boys (4Wh)

Programme One TOTAL
Vocational Boys (4Wh) N=39

	1000	tional boys	7 ( 7 0 0 1 1 )	14-23
Students correct responses to	Pre Test No. & %	Post Test	Increase/ Decrease	Increase/ Decrease
questions about -		No. & %	No.	%
That there is no Cure for HIV/AIDS	24(61.5)	31(79.5)	7	>18.0
What causes HIV/AIDS?	23(58.9)	37(94.9)	14	>36.0
State that there is a Relationship between STDs and HIV/AIDS	21(53.8)	25(64.1)	4	>10.3
Will accept the presence of HIV+ person in own home	13(33.3)	33(84.6)	20	>51.3
Total Av. Increase				>28.9

Table 21 shows an average increase in the correct responses from the pre and post test questionnaire administered to the Vocational Boys (4 Wheelers). It can be noted that there is an overall average increase of 51.35% for these four questions.

Table 21 - Distribution of the average increase in correct responses for multiple choice questions of Programme One - Vocational Boys (4Wh)

Programme One Vocational Boys

TOTAL N=39

	170	ret)		
Average of students correct responses to questions about	Pre Test Average & %	Post Test Average & %	Increase/ Decrease Average	Increase/ Decrease %
Indicate spread of HIV/AIDS	11.2(28.7)	31(79.5)	19.8	>50.8
Indicate signs of HIV/AIDS	10(25.6)	32(82.1)	22	>56.4
Indicate prevention of HIV/Aids	11.5(29.5)	30.8(79.0)	19.3	>49.5
Indicate correct uses for Condoms	16(41.0)	35(89.7%)	19	>48.7
Total Av. Increase				>51.35

Table 22 notes the average increase in knowledge for the measurable questions. Again the greatest increases in knowledge (33%) is for the question concerning the participants attitudes toward people who have HIV/AIDS.

Table 22 - Distribution of Average increase in knowledge of Programme One Vocational Girls Group

Programme One -Total **Vocational Girls** N = 24Question **Pre Test** Post Increase/ Increase/ No. & % Test Decrease Decrease No. & % No. % No Cure 18(75.0) 22(91.7) for 4 >16.7 HIV/AIDS 17(70.8) State 24(100.0) 7 cause of >29.2 HIV/AIDS Relationship 6(25.0) 9(37.5) 3 >12.5 between STDs and **HIV/AIDS** 23(95.8) Accept 15(62.5) the 8 >33.3 presence of HIV+ person in own home Total Av. Increase >22.9

Table 23 shows the greatest increase in knowledge in the question regarding the use of condoms(65.4%), while the least noted increase is concerning how HIV/AIDS is spread.

Table 23 - Distribution of the Average increase in correct responses for multiple choice questions of Programme One - Vocational Girls

**Programme One** 

	Vocation	onal Girls	N =	24
Question	Pre Test Average & %	Post Test Average & %	Increase/ Decrease Average	Increase/ Decrease %
Indicate Spread of HIV/AIDS	18.5(77.1)	20.5(85.4)	2	>8.3
Signs of HIV/AIDS	17(70.8)	23.3(97.1)	6.3	>26.3
Indicate prevention	15.2(63.3)	20.8(86.7)	5.6	>23.3
Indicate use for Condom	7.6(31.7)	23.3(97.1)	15.7	>65.4
Total Av. Increase				>30.8

Table 24 shows that the greatest increase in knowledge for the Animators was that after the programme 92.9% could state the cause of HIV/AIDS. The lowest increase was about accepting the presence of an HIV infected person in their own home (14.3%).

Table 24 - Distribution of Average increase in knowledge of Programme One - Animators Group

**Programme One** Total **Animators Group** N = 14Question Pre Test **Post Test** Increase/ increase/ No. & % No. & % Decrease Decrease No. No Cure for 4(28.6) 11(78.6) >50.0 HIV/AIDS State cause 4(28.6) of 13(92.9) 9 >64.3 HIV/AIDS Relationship 13(92.9) between STDs and HIV/AIDS Accept 11(78.6) the 13(92.9) >14.3 presence of HIV+ person in own home Total Av. Increase >42.9

Table 25 shows the greatest increase in the knowledge about the signs of HIV/AIDS (52.1%) followed closely by the increase in the number of participants who could indicate how HIV/AIDS is spread (48.6%).

Table 25 - Distribution of the Average increase in correct responses for multiple choice questions of Programme One - Animators Group

Programme One Animators

Total

		One Animators Oup		otal = 14
Question	Pre Test Average	Post Test Average	Increase/ Decrease	Increase/ Decrease
Indicate Spread of	6.5(46.4)	40.0/05.0	Average	%
HIV/AIDS	0.5(46.4)	13.3(95.0)	6.8	>48.6
Signs of HIV/AIDS	5.3(37.9)	12.0(00.0)		
Indicate		12.6(90.0)	7.3	>52.1
prevention	11.3(80.7)	11.5(82.1)	.2	>1.4
Indicate use for	8.3(59.3)	40.7/00.7		
Condom	0.0(39.3)	12.7(90.7)	4.4	>31.4
Total Av. Increase				
				>33.4

Table 26 shows an increase in knowledge about there not being a cure for HIV/AIDS (21.7%) and the fact that they would accept the presence of an HIV infected person in their home (21.7%), but there was some confusion about the question concerning the relationship between STD's and HIV/AIDS there was a noted decrease of 4.3%.

Table 26 - Distribution of Average increase in knowledge of Programme Two - Vocational Boys (2Wh)

**Programme Two** Total Vocational Boys (2Wh) N = 23Question **Pre Test Post Test** Increase/ Increase/ No. No. Decrease Decrease No. % No Cure for 18(78.3) 23(100.0) >21.7 5 **HIV/AIDS** State cause 16(69.6) of 20(87.0) 4 >17.4 HIV/AIDS Relationship 17(73.9) 16(69.6) <1 <4.3 between STDs and HIV/AIDS Accept 13(56.5) the 18(78.3) 5 >21.7 presence of HIV+

Table 27 indicates an increase in knowledge of the Vocational Boys for the prevention of HIV/AIDs (56.5%), but after the one day programme only 56.5% could correctly indicate the uses for a condom.

person

home

in

Total Av. Increase

own

Table 27 - Distribution of the Average increase in correct responses for multiple choice questions of Programme Two — Vocational Boys (2Wh)

Programme Two Total
Vocational Boys (2Wh) N = 23

>14.1

		JO (21111)		20
Question	Pre Test Average	Post Test Average	Increase/ Decrease Average	Increase/ Decrease %
Indicate Spread of HIV/AIDS	5.3(23.0)	16.3(70.9)	11.0	>47.8
Signs of HIV/AIDS	6(26.1)	18.3(79.6)	12.3	>53.5
Indicate prevention	3(13.0)	16(69.6)	13	>56.5
Indicate use for Condom	7(30.4)	13(56.5)	6	>26.1
Total Av. Increase				>46.0

Table 28 shows that this group clearly understood the relationship between STDs and HIV/AIDS (95.5%), and 79.5% of the women could state the cause of HIV/AIDs after the one day programme.

Table 28 - Distribution of Average increase in knowledge of Programme Two - Self Help Group

	Programme To			otal = 244
Question	Pre Test No. & %	Post Test No. & %	Increase/ Decrease No.	Increase/ Decrease %
No Cure for HIV/AIDS	147(60.2)	183(75.0)	36	>14.8
State cause of HIV/AIDS	147(60.2)	194(79.5)	47	>19.3
Relationship between STDs and HIV/AIDS	213(87.3)	233(95.5)	20	>8.2
Accept the presence of HIV+ person in own home	177(72.5)	201(82.4)	24	>9.8
Total Av. Increase				>13.0

Table 29 indicates that the average increase in knowledge after the one day programme ranged between 11.1% and 14.8% for the indicated questions.

Table 29 - Distribution of the Average increase in correct responses for multiple choice questions of Programme Two - Self Help Group

Programme Two - Total

		gramme Two If Help Group		Total N = 244
Question	Pre Test Average & %	Post Test Average & %	Increase/ Decrease Average	Increase/ Decrease
Indicate Spread of HIV/AIDS	149(61.1)	185(75.8)	36	>14.8
Signs of HIV/AIDS	143.3(58.7)	170.3(69.8)	27	>11.1
Indicate prevention	139(57.0)	169(69.3)	30	>12.3
Indicate use for Condom	156.6(64.2)	188(77.0)	31.4	>12.9
Total Av. Increase				100
				>12.8

tes the average increase in HIV/AIDS knowledge across all groups. Post test results reveal that most of the programme objectives were achieved. It can be noted that the question concerning the relationship between STDs and HIV/AIDS presented poorer results in 3 groups particularly in the Vocational Boys (2Wh) where a decrease was evident (<4.3%). No comparative result for the same question was obtainable from the Animators group due the omission of the prefest question Table 30 indicat

Table 30 - Average increase in knowledge for each question across all the groups

- 6	Voc. Boys (4Wh)	4Wh)	Voc. Girls	Sirls		Animat	ators		Voc.	Voc. Boys (2 Wh)	Wh)	Self/	Self/Help Groups	roups	
Post Inc. %	luc %		Pre %	Post	lnc.	Pre %	Post	Inc.	Pre	Post	lnc./ Dec	Pre %	Post	Inc.	TOTAL %
79.5 >18.0 75		75	75.0	91.7	>16,7	28.6	78.6	>50.0	78.3	100.0	>21.7	60.2	75.0	>14.8	24.2
94.9 >36.0 70.0		70.0		100.0	>29.2	28.6	92.9	>64,3	9.69	87.0	>17.4	60.2	79.5	>19.3	33.2
64.1 >10.3 25.0		25.0		37.5	>12.5	,	92.9	_	73.9	6.69	<4.3	87.3	95.5	>8.2	6.7
84.6 >51,3 62.5		62.5		95.8	>33.3	78.6	92.9	>14.3	56.5	78.3	>21.7	72.5	82.4	>9.8	26.1
79.5 >50.8 77.1		77.1		85.4	×8.3	46.4	95.0	>48.6	23.0	70.9	>47.8	61.1	75.8	>14.8	34.1
82.0 >56.4 70.8		70.8		97.1	>26.3	37.9	0.06	>52.1	26.1	9.62	>53.5	58.7	69.8	>11.1	39.9
79.0 >49.5 63.3		63.3		86.7	>23.3	80.7	82.1	×1.4	13.0	9.69	>56.5	57.0	69.3	>12.3	28.6
89.7 >48.7 31.7		31.7		97.1	>65.4	59.3	90.7	>31,4	30.4	56.5	>26.1	64.2	77.0	>12.9	36.9
40.1	40.1				26.9			37.4			30.0			12.9	28.7



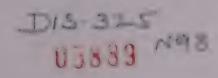
# DISCUSSION

In July 1998, this study was commissioned to evaluate the effectiveness of the one-day HIV/AIDS awareness programme, as conducted with various groups. The objectives of the study have been outlined previously - some were designed to build upon information obtained in 1997 through the Concurrent Evaluation of RUHSA HIV/AIDS Awareness Programme. That evaluation was conducted by Cathie Hill, Ruth Turpie & Lijan Tran, students from the University of South Australia, in cooperation with RUHSA Department. There needs to be acknowledgment of marked differences in samples. After HIV/AIDS awareness programmes were conducted by RUHSA - in 1997, 176 respondents were interviewed from three villages, compared to 77 respondents in 1998 from three particular instructional groups of Vocational (4-wheeler) Boys, Vocational Girls and Animators, as well as 23 Vocational (2-wheeler) Boys and 244 women from Self-Help Groups. 23 Boys from the Vocational (2-wheeler) Boys Group answered a limited number of questions, so that their knowledge of HIV/AIDS could be established after the RUHSA-based programme. The same questionnaire was administered to the women of the Self-Help Groups after an education programme conducted by the Animators. The awareness programme was conducted with these groups because they were seen as difficult to access because of illiteracy or poor education (Animators and the Women's Self-Help Groups) or because they were at increased risk of contracting HIV/AIDS (Vocational [4-wheeler, and 2-wheeler] Boys' Groups, and Vocational Girls Group). While only 75% of the 1997 sample group had heard of HIV/AIDS, all respondents in 1998 acknowledged they had received HIV/AIDS information from some form of community presentation.

While a total of 344 participants were educated in 1998 directly or indirectly, the project had difficulty in evaluating the impact on the HIV/AIDS knowledge of each individual group of participants, attributable to the one-day HIV/AIDS awareness programme. Several factors affected the process of the evaluation - principally language and time. Language barriers affected the evaluation at planning, implementation and analysis stages.

In planning the programme, an interpreter was needed for the pilot discussion. Even on that occasion, it was obvious that it would be difficult to reliably access an interpreter to meet with Women's Self-Help Groups, which were held in the evenings. The women's work also made daytime access difficult, to complete interviews as planned. The impact of language in relation to the questionnaire will be discussed along with other related issues.

As the one-day HIV/AIDS awareness programme was conducted in Tamil, the author found it difficult at times to follow questions in the group, to understand reasons for shyness, and to understand the depth of instruction about HIV/AIDS. The shortfall in knowledge of cultural and language intricacies made it difficult to



facilitate or evaluate group tasks such as role plays and games. Time was taken up with feedback at points, during and after each programme to explain procedures and discussions in the group, to the evaluator.

Since questionnaires needed to be translated into Tamil, and the results into English for analysis, scheduling was important. Obvious errors in data collected from the Women's Self-Help Groups necessitated returning to the Animators to re-examine documentation of results. Time became an issue at that point in terms of the RCO's other duties, and the inability to access the population without the RCO's assistance. The RCO was also heavily committed to obtaining completed questionnaires. Collation of the very large number of questionnaires was also time-consuming, leaving less time for analysis than envisaged. The project in retrospect, was truly ambitious in terms of time, with only one person for analysing information and preparing the report.

While the effectiveness of the programme has been measured by the change in knowledge in each group, other factors varied between the groups. Differences including age, gender, literacy level, previous HIV/AIDS education, and educational media may have affected the HIV/AIDS knowledge gained during the one-day programme.

The evaluation provided useful information which can be used to enable future programmes to cater to the needs of people from high-risk or disadvantaged background.

The effectiveness of the HIV/AIDS awareness programme for each group was measured both quantitatively and qualitatively. Qualitative data was collected from each group through feedback from participants and facilitators.

Feedback from the Women's Self-Help Groups was sought as part of the post-test questionnaire, but was not backed up by feedback from the Animators. Exploration is therefore limited. Information to the Women's Self-Help Groups was presented differently by the Animators. The women weren't able to be shown the video, flash cards or slide show during their education by the Animators.

In the RUHSA-based groups, the Vocational Boys (4-wheeler) particularly enjoyed the video and the role play. After their request for greater opportunity for questions, the time allowed in the next group (Vocational Girls) was increased. The Animators enjoyed the programme, but requested that the video be shown in the village, to enable them to more easily share HIV/AIDS information with the women of the Self-Help Groups.

All of the groups were enthusiastic, although males participated more easily than females. The Animators were most reticent to join in role-plays, but relaxed readily after group games. They commented at the end of the day that they had been unsure of what to expect - when they arrived at Hyderpurum they had no

knowledge of the purpose of the group's gathering. In each of the groups, members were previously acquainted, and worked well on this occasion. Facilitators were well-accepted as part of the group in all cases. Tasks were carried out as directed by facilitators apart from question time, no activities were directed by the group. Organisation of the groups was sound, but was more difficult in the larger Vocational (4-wheeler) Boys Group.

The one-day HIV/AIDS awareness programme provided an initial (as in the case of Animators) or additional opportunity for participants to discuss HIV/AIDS and to ask questions of credible facilitators. Feedback from all groups was positive at the end of the day. Vocational (4-wheeler) Boys indicated that their behaviour would be influenced in the future.

Over 50% of all RUHSA-based group members contracted to tell others. Unlike the Animators, the Vocational Groups had no clear instructions to whom they should attempt to pass HIV/AIDS information. While questionnaires were distributed to Vocational respondents, few were returned. In the case of the Vocational Girls, bad experiences resulted when they attempted to disseminate their knowledge about HIV/AIDS. No other explanations were forthcoming. Most questionnaires completed by women of the self-help groups were returned by the Animators through the RCO. While the RCO was persistent in following up the return of questionnaires from the Animators, the Vocational Groups were not particularly pressured for the forms - they were simply asked two or three times if there were any to be returned.

Only 33.3% of the Vocational Boys and 8.3% of the Vocational Girls stated that they would treat HIV-infected people with love and affection: while knowledge was increased, attitudinal change appeared less certain. When asked if they would accept the presence of an HIV+ person in their home, 95.8% of Vocational Girls agreed along with 84.6% of Vocational Boys, refuting the above results.

Quantitative data measuring knowledge and change in knowledge was collected in all groups. Additionally, data concerning attitude toward HIV/AIDS, and high-risk behaviours was collected from Vocational Boys (4-wheeler), Vocational Girls and Animators. Knowledge data encompassed\_ the cause of AIDS, signs of HIV/AIDS, ways to prevent HIV transmission and ways in which HIV is spread, as well as the relationship between STD's and HIV/AIDS. Additional questions involved the ways in which participants had been exposed to HIV/AIDS education; preferred educational media, educators and age of education; the spread of HIV infection in Tamil Nadu; high-risk behaviours in K.V.Kuppam Block; and acceptance and support of HIV-infected people.

Generally speaking, 1998 respondents reported a greater accessibility to HIV/AIDS education, from an enhanced variety of sources. In 1998, respondents mentioned an average of 3.1 sources, compared to 1.34 sources in 1997. RUHSA's record of involvement in HIV/AIDS education increased markedly

among programme participants from 11.4% to 46.6% of respondents, as did information from schools, books and posters. Information from radio, newspapers and friends was also featured in results. Television was the only source of HIV/AIDS information featured at a decreased rate in the respondents' communities.

In 1998, 89.6% of respondents knew that HIV/AIDS was present in Tamil Nadu compared with 62.5% in 1997. In 1998, respondents were asked if the virus was present in their village rather than in K.V.Kuppam Block. Only 15.4% of the Vocational Boys' Group knew, while no women from either the Animators' Group or the Vocational Girls' Group answered affirmatively. Different results may have been obtained if the question had been asked later in the programme, after respondents had relaxed more. An effect may have been noticed particularly in the Animators group, where the participants weren't initially aware of the purpose of the programme.

Since the RUHSA HIV/AIDS awareness programme baseline survey in 1996, an increasing percentage of the population have acknowledged the presence of HIV/AIDS in Tamil Nadu. In 1996, only 32.2% knew HIV/AIDS was present, increasing to 62.5% in 1997, and to 89.6% in 1998. The growth of this awareness is critical in the education of all sectors of the community.

In 1998, study involved the evaluation of HIV/AIDS awareness programmes directed at Self-Help Groups in the panchayats of Pasamathur and Veppur, from relatively remote communities. The Vocational Groups comprised community members from more accessible communities. HIV/AIDS awareness programmes should be accessible to people from remote, accessible and regional centres of K.V.Kuppam Block. Even in remote communities, increasing transport through the block has resulted in diversified social contact for community members. There are established links throughout history between social diversification and spread of diseases such as STD's and HIV/AIDS. Knowledge of ways in which HIV spreads, risky behaviours as well as means of preventing HIV/AIDS in all communities, assists community members in maintaining power over their own future (Burrows, 1997).

When asked if there was a cure for HIV/AIDS, the results were adequate but not exceptional. Only 75% of women in the Self-Help Groups knew - after education - that there was no cure for HIV/AIDS. That result is important when one considers that all participants in the study had already been exposed to some HIV/AIDS education. The result may be affected by media presentations of AIDS 'cures' and assertions by those who have been cured. While cultural mores in India encourage acceptance of alternative remedies, structured evidence is lacking in the media. The women in the Self-Help Groups are less able to question the truth of cures because of illiteracy and poor education.

Over all the groups, there was significant improvement from 1997 figures. Only 56.8% of respondents had known there was no cure for HIV/AIDS; as in 1997, more males (64.4%) stated there was no cure for HIV/AIDS, compared to females (48.8%). The resultant figures need to be emphasised, since the understanding by participants, of the danger and irrevocability of HIV infection is basic to an acceptance of the importance of education about HIV prevention.

The fatalistic approach of some sections of the population in India may confuse people's interpretation of their responsibility in life. HIV is a pathway, rather than a cause of disease. Risky behaviour is the root cause for which people are ultimately responsible. HIV/AIDS awareness programmes should emphasise that responsibility for risky behaviours safeguards people themselves, people close to them and even strangers [McPherson 1988).

When participants were asked about the cause of AIDS, and about the signs of HIV infection, females were generally more knowledgeable than the males in the study, when RUHSA-based education was considered. The possibility exists that Vocational Girls may have been advantaged by repetition of HIV/AIDS information heard in an Adolescent Girls Group Programme one week previously. The programme included a session of HIV/AIDS education. Different methods, as well as repetition can be seen to increase the retention of HIV/AIDS knowledge.

While generally, most participants with first-hand education knew the cause of HIV/AIDS (94%), only 79.5% of women from the Self-Help Groups (after flow-on education from the Animators) knew. In the RUHSA-based education, females (97.3%) were more familiar with the cause of HIV/AIDS than the males (91.9%).

When asked how HIV was spread females were generally more knowledgeable than males. 88.9% of females educated directly by RUHSA knew how HIV was spread compared with 76.3% of males. Fewer women in the Self-Help Groups (75.8%) recalled how the virus was spread, after education by the Animators. Most of the respondents across all groups knew that HIV was not spread by casual contact (sharing cups and shaking hands).

Only 69.8% of the women from the Self-Help Groups could state the signs of HIV/AIDS. Of those who undertook the HIV/AIDS awareness programme with RUHSA educators, females overall (94.5%) were more able to reiterate the signs of HIV/AIDS compared with the Boys (65%). The previous knowledge of the Vocational Girls may have affected some results more than others. Factual information appears to have been recalled more by the Girls than more abstract concepts.

While 85% of females and 75.5% of males at RUHSA's HIV/AIDS awareness programme knew how to prevent HIV infection, only 69.3% of women educated by the Animators in the Self-Help Groups could state preventative measures. In the Women's Self-Help Groups , the results may have been adversely affected

by the method of education, and by the way in which the questionnaires were administered. Feedback from the Animators is needed by RUHSA to ensure that the women received accurate information, and that questionnaire documentation was accurately recorded. The women in the Self-Help Groups may not feel that information is credible when compared with assertions in the media conflicting with RUHSA's conviction that a cure exists for HIV/AIDS. The results from the questionnaire may have been additionally affected by assertions that people were more comfortable when HIV/AIDS education was conducted by a doctor or trained personnel, rather than by other community representatives.

When asked to confirm that condoms prevent both HIV/AIDS and STD's only 56.5% of Boys in the 2-wheeler group answered correctly after the programme, compared with 89.7% of the 4-wheeler group. The result may have been affected by the different structure of the day's curricula. In the 4-wheeler programme, the structured approach presented information in differing forms, so that repetition and variety appeared to accentuate the group's learning experience. In the 2-wheeler group, the presentation was more informal. The author is unaware what style of teaching is commonly used in schools in India, but suspects that results may have been affected by the 4-wheeler's familiarity with the more structured atmosphere of the day's curriculum.

Knowledge about the links between STD's and HIV/AIDS was deficient in most respondents. Only 37.5% of women in the Vocational Girls group confirmed that prevention and control of STD's reduces HIV transmission. Some reservations must be placed on figure obtained in the Animators' group, due to the omission of the pre-test question, but it is clear that additional work will be required in all groups before a clear understanding of the significance of the results obtained is possible.

While 20.5% of the Vocational Boys (4-wheeler) Group preferred their parents to educate them about HIV/AIDS, none of the Boys were comfortable with education from a female person. That attitude may exist for several reasons not able to be clarified in this instance. The position of women in Indian society, cultural norms relationships may be influencing factors, but the author's acknowledged scant understanding of the cultural significance of these factors makes further discussion or recommendation difficult.

In the 1998 evaluation, Vocational (4-wheeler) Boys appeared to obtain more information than other respondents from friends, but there is no indication of the accuracy of the information shared, or the completeness. The Boys' request for condom demonstration may be a consequence of a lack of sexual health education in the community generally. While 53.9% of the Vocational (4-wheeler) Boys' Group knew that condoms were available in their village, there was a request from the group to be shown how to use them.

RUHSA has focussed in HIV/AIDS education on encouraging no sex before marriage and faithfulness within marriage. While that approach can be applied in some communities in K.V.Kuppam Block, where high-risk behaviours are more prevalent, a constructive and responsible approach should include advocating condom use and ensuring their proper use.

In Programme One, 9.1% of participants believed that sex before marriage occurred in their village These figures agree with findings that 9% of people in Tamil Nadu indulged in sex before marriage, obtained from a national newspaper survey (Hindu, July 23, 1997). 11.7% also believed that sex outside marriage was practised. In their villages, 9.1% acknowledged the presence of commercial sex workers.

When analysing the occurrence of high-risk behaviours, further information is necessary to make more accurate predictions of villages in which HIV/AIDS education can effectively be concentrated. In the Vocational Boys (4-wheeler) Group a similar number of participants acknowledged the presence of sex before and outside marriage, along with the presence of commercial sex workers in their village. If it could be ascertained that the involved respondents came from the same village, the results could be seen as significant. If the participants' village were readily correlated with data, results would be more valid.

When one considers the age of the Vocational Boys (4-wheeler) Group and the natural level of curiosity displayed, the attitude of the group was incongruent with the Boys' belief that HIV/AIDS education should not begin until 16.7 years. On the one hand, their responsible attitude was shown by their request to be shown how to safeguard their own and others' health. From another point of view, the request for condom demonstration is anomalous when considering the small number of respondents in the Boys' group (12.8%) who believed that sex before marriage occurred in their village.

Knowledge alone cannot affect behaviour - analysis of attitude remains necessary to maintain change; to continually challenge the reality of HIV infection in the community. So long as HIV/AIDS is seen as remote to any community, information about prevention and transmission is more easily ignored or minimised by participants in any programmes.

In retrospect, the knowledge and attitude of the Vocational Boys (2-wheeler) Group presented an urgent challenge to education. Two of the Boys said they knew people with AIDS. They talked of one who had committed suicide, and one who had died, leaving an HIV+ wife. One would have imagined a high motivation to learn about HIV/AIDS. However, as a group, only 69.6% knew - after education - how to prevent HIV infection, 56.5% knew that condom use prevented HIV/AIDS and STD's, and 70.9% correctly related how HIV/AIDS could spread.

The group also showed least acceptance for the presence of an HIV-infected person in their home (78.3%). Overall, females were more accepting of HIV-infected people (90.4%) compared to males (81.5%). When asked how HIV-infected people should be cared for, 78.6% of Animators and 62.5% of Vocational Girls thought home care was desirable, while only 33.3% of the Vocational Boys (4-wheeler) Group thought home care was an acceptable option. 41.6% of respondents thought hospitalisation was desirable, but the author believes that the question lacked specificity. Hospital may mean a short-term option when people are especially sick, or it may mean a long-term proposition akin to a 'leper colony''. There appears to be confusion within the Animators' group when answering the question. While 78.6% wanted people to stay at home, 64.3% thought HIV-infected people should leave the village. There may have been a statistical error, or there may be different answers according to the relationship between the Animators and particular HIV-infected people.

Educating the Animators has been demonstrated as a cost-effective method of informing women from the self-help groups about HIV/AIDS. From the education of 14 Animators, pre & post test questions were answered by 244 women in self-increase in each relevant area of HIV/AIDS knowledge.

The programme also presents a way to increase community participation, self-sufficiency and sustainable community care. RUHSA's provision of training and HIV/AIDS information supports the Animators to enable them to educate other members of their community.

The partnership between RUHSA and the Animators has continuing advantages for both parties, presuming that the importance of a high standard of education and motivation is maintained. The status of the Animators in the community, and their confidence to continue educating other women would be enhanced by a continuous relationship with RUHSA. Feedback from the community through the Animators enables RUHSA to evaluate the long-term effects of the one-day HIV/AIDS awareness programmes on behaviour.

Partnership between RUHSA and community members also provides care and support options for people who are infected or believe they might be. People who participate in high-risk behaviours have access to support both within, and external to their community.

The ability of the Animators to educate the community is limited by the programme's quality in teaching them to communicate HIV/AIDS information accurately, confidently and credibly. Generally, the questionnaire revealed that the women of the Self-Help Groups retained less HIV/AIDS knowledge after education, than other respondents. There was also less improvement from preprogramme knowledge than in other groups.

The education may have been less effective than anticipated for reasons that could be explored in future studies. The author believes there is sufficient promise in the results to validate\_further attempts to educate women in the community through the Women's Self-Help Groups. There were notable aspects of the one day HIV/AIDS awareness programme for the Animators that may have affected the success achieved.

It appears that the Animators were unaware of the reason for the programme. That situation may have affected the women's participation level. If they had been aware, they had the opportunity to bring up problem issues. Community networking and 'gossip' may also make the programme more enticing in future for other Animators.

Before the programme, few of the Animators were aware of high-risk behaviours in their village. The situation might be different if the questions were asked of Animators from other villages. The remoteness of villages, poverty levels, size of the community and the work generally performed by women in the village are all influencing factors. Some women would necessarily be more exposed to social contact, while others might be relatively socially isolated by their lifestyle. Some might not recognise high-risk behaviours in their community through innocence or the protective influences of their family and community.

Throughout the course of the study, a significant amount of valid data was collected. While the questions about knowledge were similar to 1997 questions, analysis differed. This resulted in a situation in which results were not readily comparable. Most questions were appropriate in terms of seeking relevant data about HIV/AIDS knowledge in the groups. But some questions need to be altered to gain valid information.

The validity of the questionnaire differed between RUHSA-based groups and the Women's Self-Help Groups in terms of construct. The wording\_of the questions for the Women's Self-Help Groups bears further discussion. The Vocational Groups provided adequate representation of young people with reasonable schooling, and residing in the local area. The Animators were from the panchayats of Veppur and Pasamathur as were the women of the Self-Help Groups. Data collected from these women provides useful information, but needs to be reinforced by data from other panchayats before results can be generalised to Women's Self-Help Groups in K.V.Kuppam Block. Some questions do not accurately measure knowledge because too many extraneous variables exist; for example gender, age, locality, previous HIV/AIDS knowledge and cultural norms. Some of the results can be strengthened by repeated evaluation creating trends, or by evaluating different samples.

When some questions were translated, inaccurate answers resulted. For example, when asked for their preferred method of HIV/AIDS education, multiple responses were recorded instead of one choice - the question needed to be

worded more clearly and simply. Animators were expected to collect accurate information from the women of the self-help groups, but were not experienced educators. There was particular confusion for the Animators when they conducted the questionnaire with the Women's Self-Help Groups. In future evaluations with poorly-educated people the structure of the questionnaire needs to be further simplified to minimise confusion. Translation of questions into Tamil provide one challenge, since we cannot be sure of the Animator's ability to read the question in Tamil. Further difficulties are encountered when Animators are instructed in communicating the questions. Instruction could be simplified further by attempting to present questions in a single form. For example questions requiring 'Yes/No' answers combined with multiple choice questions require different instructions, introducing possible inaccuracy. As well, written questions are understood differently when verbalised. For example, when asked to select four ways that HIV/AIDS can spread, the choices need to be remembered, while also considering the correct answer. Simple questions enable Animators to provide accurate and meaningful results. When the added difficulties are considered, it is not surprising that the women of the Self-Help Groups appeared less knowledgeable when asked more complicated questions.

In retrospect, some questions were not ethical - those asking if commercial sex workers, intravenous drug users and homosexuals were present in villages. HIV/AIDS is spread more through heterosexual behaviour in India than through homosexual activities (Burrows, 1997). One question - in the context of HIV/AIDS education - potentially stigmatises homosexuals for no reason. Questions could have been more sensitively asked if prostitution or intravenous drug use occurred in the village.

In order to find how community members think HIV-infected people should be cared for, several specific but simple questions would be of more theoretical and practical value than a single complicated question. Translation is difficult: also, or what their relationship to the person is. With so many variables, results are not valid.

Evaluation of the programme was made difficult by a shortfall in knowledge of cultural and language intricacies involved. For example, evaluation of the effect of role plays and games was difficult because translation could not be fully interpreted.

Before the programme the knowledge of the Vocational (4-wheeler) Boys Group was below the average knowledge, measured over all related questions, and over all groups, in all areas except knowledge that there is no cure for HIV/AIDS (61.5% compared with 60.7%). The Vocational (2-wheeler) Boys Group were also below the average in all areas except knowing there is no cure for HIV/AIDS (78.3%) and the cause of AIDS (69.6% compared with 63.5%). The knowledge of the Vocational Girls Group was above average except in indicating uses for

condoms (31.7% compared with 45.3%). After the programme, the Vocational Girls were above average over all groups, in all areas of HIV/AIDS knowledge measured.

Disregarding the relationship between STD's and HIV/AIDS, the greatest increase in HIV/AIDS knowledge overall occurred in the Vocational (4-wheeler) Boys Group (44.4%) averaged over all measured questions. Notwithstanding the increase, it is important to note that the objective was still barely achieved - within this group - in knowledge of no cure for HIV/AIDS (79.5%), ways in which HIV/AIDS is spread (79.5%) and ways to prevent HIV transmission (79.0%). Only 70.9% of the Vocational (2-wheeler) Boys Group knew how HIV/AIDS was spread, 69.6% knew ways to prevent HIV transmission and 56.5% knew condoms could prevent STD's and HIV/AIDS.

The least improvement in HIV/AIDS knowledge occurred in the Women's Self-Help Groups (13.6% over all measured questions). When one considers the confusion which surrounded collection of data, it should be acknowledged that the results need to be questioned. Further study is necessary to either confirm or deny the results for this group.

In terms of increased knowledge, the RUHSA-based programmes were significantly more effective than the education for the Women's Self-Help Groups. But the comparison does little justice to the overall issue. The importance of the results rests as much with the number of women educated about HIV/AIDS, as with the actual knowledge gained. 244 poorly-educated or illiterate women now have a person with whom they can discuss issues about HIV/AIDS or STD's. The Animators as a group achieved a significant knowledge base, but that knowledge needs still to be consolidated and passed on effectively to the Women's Self-Help Groups to be truly effective.

By lengthening and intensifying the Animators' programme, a 'snowball' effect will be more assured. During question time, the Animators commented that they would have liked to have seen the video - but there hadn't been time. In the opinion of the author, there was insufficient time and resource allocated to the programme.

The programme for the Animators and the Women's Self-Help Groups also presents a significant degree of self-sufficiency in community care. In other projects of a practical nature, RUHSA has eminently achieved community ownership, for example the weaving collective, but the author is not clear of the cultural significance in India of ownership of knowledge in the same way. RUHSA can effectively provide support for the Animators in terms of information and training to enable them to educate other members of their community. Creating a 'partnership' between Animators and RUHSA has several advantages. The credibility of the Animators in the village is enhanced by their association with RUHSA. HIV/AIDS awareness at grassroots level in the village is enhanced. A

partnership enables Animators to seek assistance from RUHSA if situations arise in which they are unsure. Feedback from RUHSA of the effect of their efforts in the community will enable the Animators to work more confidently and effectively. The ability of the Animators to educate the community is limited by the programme's ability to teach them to communicate HIV/AIDS information accurately, and confidently.

The Animators gained a significant amount of HIV/AIDS knowledge as a result of the one-day HIV/AIDS awareness programme. For that knowledge to be successfully passed on to the women of the Self-Help Groups, belief in the importance of the information and confidence in educating other people are as important as the actual knowledge itself. Peer support works on the principle of educators feeling part of solutions.

In future Vocational Girls Groups and in Animators' Groups - any group with women - should be instructed in social assertiveness skills. The Vocational Girls were upset by their experience of challenging feedback. Such incidents highlight the need for group participants to be prepared at the end of the programme to pass on HIV/AIDS information. There need to be discussions about how to approach people, how to communicate, and how to deal with feedback. For women, a female facilitator is necessary for full and open discussions about reservations in completing the task, and emotional impact on participants of success or failure. During the programme, a woman would be able to explain prevention of HIV transmission, and ways in which women can deal with difficult situations. Negotiating and refusing safer sex are important topics for women. The author believes that social and cultural traditional roles make it unacceptable for those discussions to be conducted with a male facilitator.

There are fundamental issues to be resolved in the evaluation, in particular the issues of language, and simplification of the questionnaire in order to gain accurate and meaningful feedback. However, it is hoped that the evaluation will stimulate more work in the field.

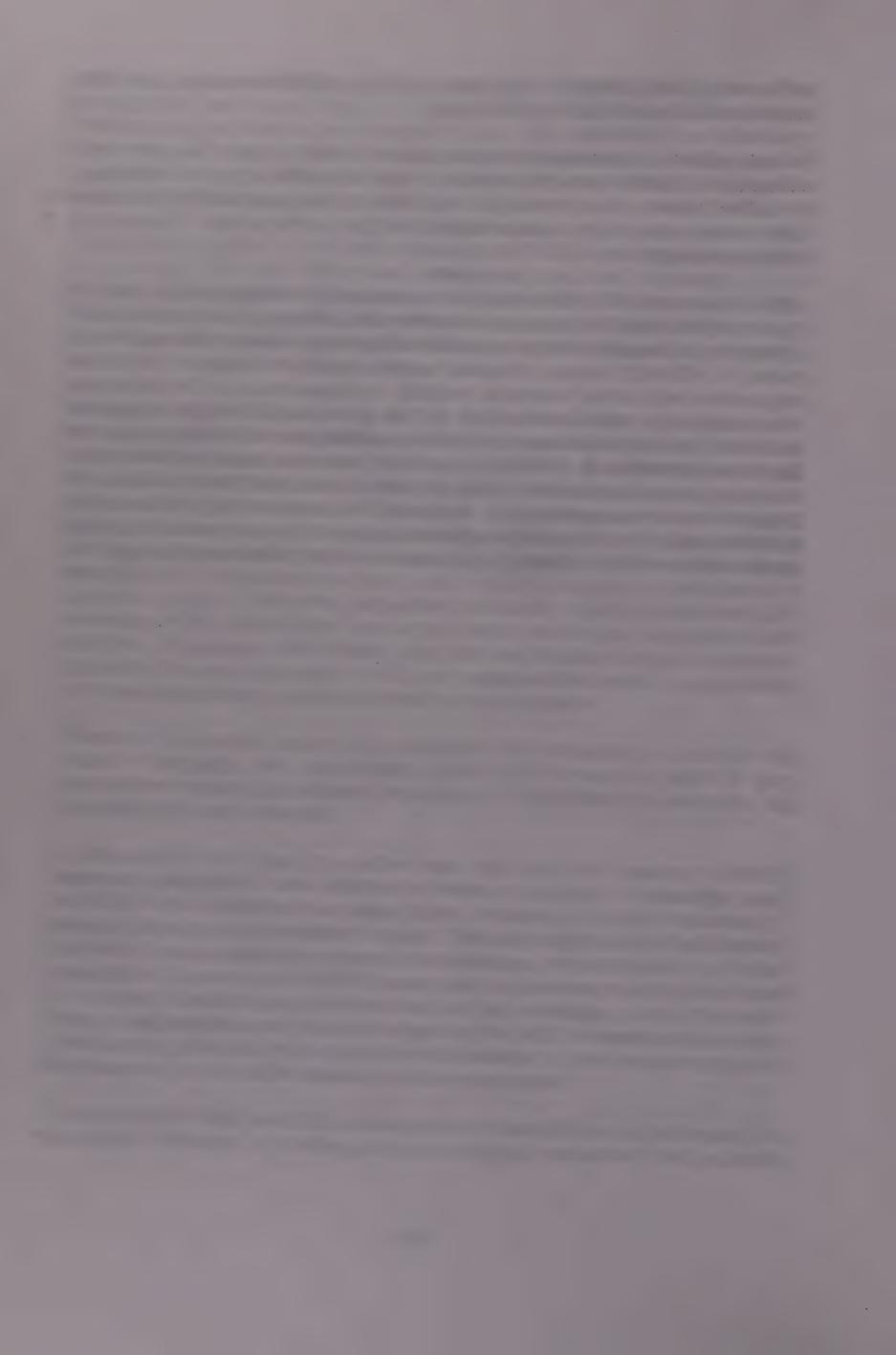
At the end of the project, the author was clear that the one-day HIV/AIDS awareness programme was effective in terms of change in knowledge about HIV/AIDS in the Vocational (4-wheeler) Boys, Vocational Girls and Vocational (2-wheeler) Boys and the Animators' Groups. The data collected from the Women's Self-Help Groups potentially contains inconsistencies, and so needs to be further investigated. Success for HIV/AIDS awareness programmes must be determined by changes in attitude and behaviour as well as knowledge, since changes in attitude and behaviour are the ultimate goal of HIV/AIDS preventative education. Unfortunately, time and resources were not available to complete such a task in this instance, but should be included in future evaluations.

The issue of HIV/AIDS and STD infection in young people is an urgent issue. The programme provided a starting point for ongoing evaluation, and scientific

verification. Young people may reassess their AIDS knowledge, and may subsequently alter risk-taking behaviours.

Educating the Animators created access to a substantial portion of the community otherwise not readily contacted. In using a peer education approach in this way, the author believes the community is most likely to take responsibility for its own safety where possible, by acknowledging their part in the solution of preventing HIV transmission.

While the results of this evaluation cannot be generalised further than the Women's Self-Help Groups involved in this particular programme at this point, further programmes and further evaluation will enable women to be made more aware of HIV/AIDS issues. Results certainly justify the conduct of further programmes with refined education methods, increased focus on the importance of communication skills and access to the community of simple educational materials. For example, a longer programme covering two days would enable one day to be committed to HIV/AIDS information, and one day to communication and social assertiveness skills. While the extra commitment from RUHSA to the programme involves considerable resources, the author strongly believes that future evaluation would reinforce long-term success of the programme in terms of community ownership, knowledge gains and consistent behavioural changes.



### RECOMMENDATIONS

- 1. That this evaluation be acknowledged as an introduction to accessing disadvantaged and high risk groups. By focussing on a particular group future trends can be established enabling more specific information about each group.
- 2. That future questionnaires administered to group participants be simplified to ensure accurate and valid results.
- 3. That future evaluations consider the measurement of attitude and behaviour as well as knowledge since HIV/AIDS awareness is a product of all 3 concepts.
- 4. That the peer distribution of questionnaires be more structured . i.e. each participant could nominate who they wish to educate and then be responsible for the return of questionnaires.
- 5. That RUHSA maintain links with the group participants so that they can be readily updated to maintain motivation and pass on information. As it has been shown that repeated exposure to HIV/AIDS information increases awareness and leads to changes in attitude and behaviour.
- 6. That RUHSA utilise the services of a female educator to facilitate open discussion of specific issues about HIV/AIDS and women. These include negotiation skills for safe sex behaviour.
- 7. That wherever possible RUHSA educators should take any opportunity to question the validity of 'cures' in the media. In the HIV/AIDS awareness programmes the non reversible nature of HIV infection should be stressed and discussed. Inaccurate information about 'cures' can be challenged within that discussion.
- 8. That RUHSA continue with the Animator HIV/AIDS awareness one day programme. This essentially appears to be an innovative and cost effective of method of reaching many educationally disadvantaged and illiterate people in the villages.
- 9. That the Animator programme be acknowledged as an important method of disseminating HIV/AIDS messages into the community so that it may reach women who sometimes do not appear to venture far from their villages, and enable the Animators to feedback to the RCO and RUHSA who in turn can be responsive to the needs of this group.

- 10. That the Animator one day programme be extended and more comprehensive and intensive to equip the Animators with the appropriate skills to be able to instruct their members.
- 11. That simple educational materials be kept accessible to the Animators to enable them to pass on HIV/AIDS information more readily. If flash cards, posters and simple instructions for games were kept at each CHEW, the RCO could assist the Animators in accessing the information.
- 12. That the Animators programme be utilised in different villages of the K.V. Kuppam block to reliably evaluate the usefulness of the strategy in a variety of communities and to identify high risk behaviours in remote or centrally located communities.
- 13. That due to the lack of awareness about condoms and their availability among the groups RUHSA could incorporate instructions on how to use condoms to all groups in the HIV/AIDS awareness programmes.
- 14. That the use of condoms be promoted to reduce the likelihood of unwanted pregnancy and the transmission of STD's and HIV/AIDS RUHSA is in a position to communicate with other organisations so that they may ensure the provision of quality condoms.
- 15. Just as there are many misunderstandings about HIV/AIDS, it appears that many adolescents have misunderstandings about their bodies and the importance of their sexual health. The author believes these misconceptions are detrimental to the health of the individual and therefore recommends that RUHSA produce sexual and reproductive health information and that it be available to all adolescents and young adults from 7<sup>th</sup> standard onwards. This recommendation should be extended to schools so that all young teenagers are informed and can make the correct choices about their sexual and reproductive health.
- 16. That RUHSA promote that the schools in the K.V.Kuppam block introduce as part of their curriculum, education on HIV/AIDS. This will ensure that all people are aware of HIV/AIDS before the onset of sexual activity.
- 17. That RUHSA ensure that information is available in the village, posters and/or pamphlets could be made visible eg at the CHEW's, in barber's shops, at truck-stops and at condom outlets. Pamphlets could include symptoms, where testing is available, where to access counselling and medical support; another pamphlet might detail how to use condoms and information about high and low risk behaviours. Openly displaying information might encourage people to seek support and information, while feeling safe as part of familiar surroundings. Building on the artistic and colourful nature of the community a mural on CHEW walls might be a subtle way of introducing HIV/AIDS information, and provide an unassuming portrayal of the situation in their community.

### LIMITATIONS

- 1. Incorrect compilation of the question regarding the relationship between STD'S and HIV/AIDS in the Animator programme resulted in no pre test result, therefore the increase in knowledge could not be ascertained.
- 2. The question regarding the relationship between STD'S and HIV/AIDS appears to have caused some confusion and therefore produced some in consistent results.
- 3. The pre and post test questionnaires were not clearly labelled, this led to some misunderstanding for the Animators when undertaking their programme which resulted in incorrect data.
- 4. The tabling of the multiple choice questions and answers was made difficult by the way the results were represented in the tables, this made the results difficult to compare.
- 5. As the one-day HIV/AIDS awareness programme was conducted in Tamil, the author found it difficult at times to follow questions in the group and to understand the depth of instruction about HIV/AIDS. The shortfall in knowledge of cultural and language intricacies made it difficult to facilitate or evaluate group tasks such as role plays and games. Time was taken up with feedback at points, during and after each programme to explain procedures and discussions in the group, to the evaluator.
- 6. The amount of time spent educating the Animators needed to be extended to allow sufficient education of both knowledge and communication.
- 7. The community mores regarding sexual matters found participants reluctant to talk about sexual matters within the community.



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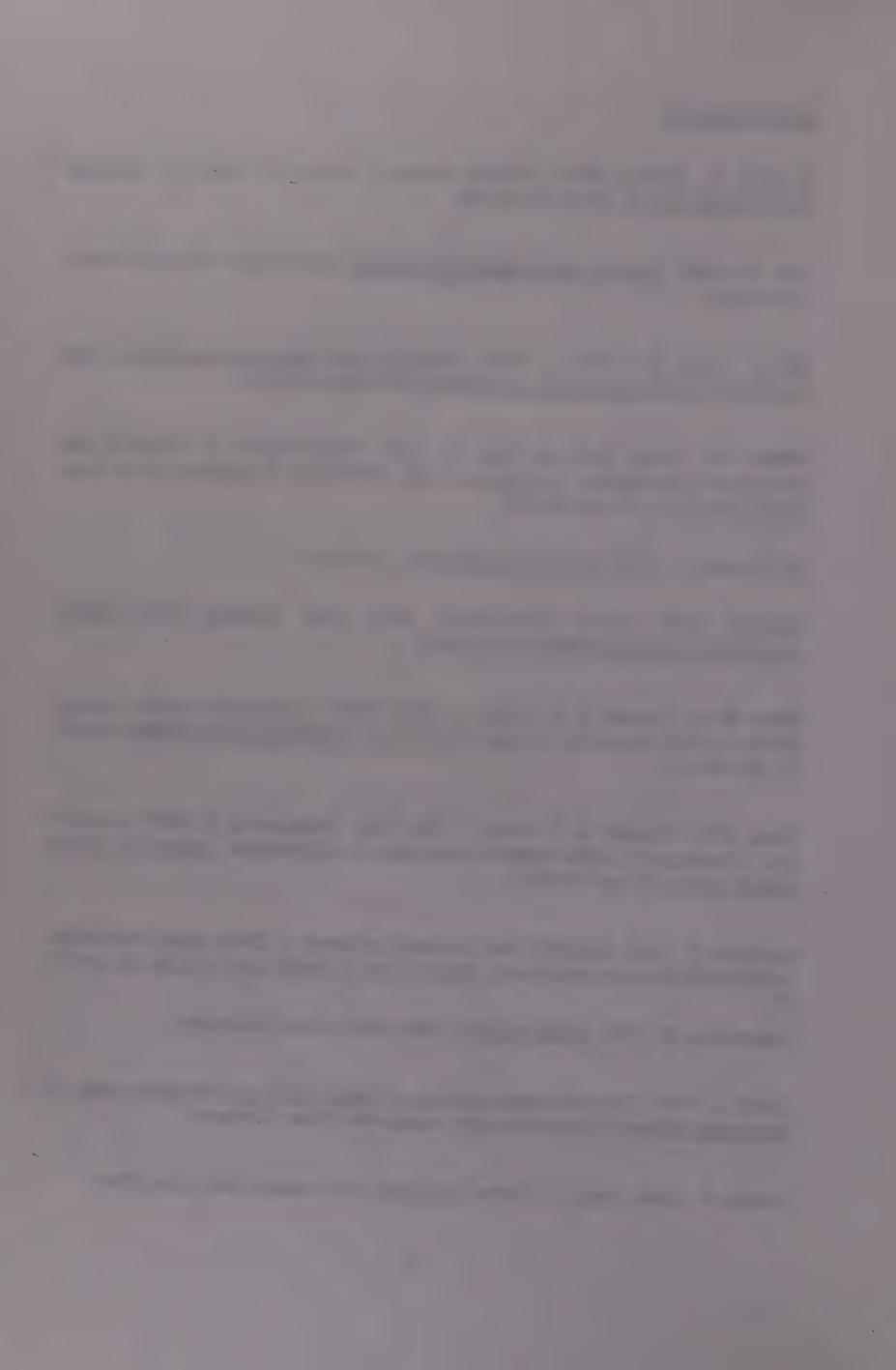
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### **APPENDIX**

### **APPENDIX 1** PROGRAMME 1 - PRE TEST QUESTIONNAIRE

INTERVIEW SCHEDULE (Pre - Test)	
NAME:	
F.I. NUMBER:	
ADDRESS:	
AGE:	
EDUCATIONAL LEVEL ATTAINED:	
OCCUPATION:	
CHILDREN: SEX: AGES:	
TYPE OF ROOF: THATCHED TILED TERRACED ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~
1. Have you heard about HIV/AIDS? YES NO DON'T KNOW	•
<ul> <li>2. How did you hear about HIV/AIDS?</li> <li>A) Newspaper</li> <li>B) School</li> <li>C) Radio</li> <li>D) Television</li> <li>E) Books</li> </ul>	F) Posters G) RUHSA H) Family I) Friends J) Other
3. Will a person with HIV/AIDS die?	
YES NO DON'T KNOW	
4. Is HIV/AIDS present in Tamil Nadu?	

DON'T KNOW

YES NO

5. Is HIV/AIDS present in your village?

YES NO DON'T KNOW

- 6. What causes HIV/AIDS?

  Bacteria HIV AIDS VIRUS DON'T KNOW
- 7. How is HIV/AIDS spread?
- A) Sexual intercourse
- B) Infected needles, syringes and blades
- C) Blood transfusion and blood products
- D) Mother child in pregnancy and birth
- E) Don't Know
- F) Other
- 8. Is HIV/AIDS spread by shaking hands?

YES NO DON'T KNOW

9. Is HIV/AIDS spread by sharing cups, plates and clothing?

YES NO DON'T KNOW

10. Is there a cure for HIV/AIDS?

YES NO DON'T KNOW

11. Are people suffering from STD's more prone to contracting HIV/AIDS?

YES NO DON'T KNOW

12. What are some of the MAJOR signs of HIV/AIDS?(Tick below if mentioned)

b)	Diarrhoea
c)	Fever
	Don't know
e)	Other
13	B. What are the MINOR signs of HIV/AIDS?
1.	T.B.
2.	Mouth ulcers
3.	Fungal infections
4.	Pneumonia
5.	Swollen glands
	Fatigue
	Cough
	Herpes
	Skin disease
10	). Don't know
4 /	How con HIV/AIDC ha provents dO/Ti-labela 16 11 12
14	How can HIV/AIDS be prevented?(Tick below if mentioned)
A)	No sex before marriage
	No sex outside of marriage
	Condoms
	Sterile syringes, needles and blades
	Testing people at risk
•	Community Education
	Don't know
H)	Other
15	5. What are the reasons for using a condom?
,	. What are the reasons for using a condom:
1.	To prevent pregnancy
	To prevent STD's
	To prevent HIV/AIDS
4.	To prevent Hep B
5.	Don't know
6.	Other
4.0	At the translation begins
16	6. At what age should HIV/AIDS education begin?
Δ(	DONT KNOW
, ,,,	

a) Weight loss

<ul><li>a) Weight loss</li><li>b) Diarrhoea</li><li>c) Fever</li><li>d) Don't know</li><li>e) Other</li></ul>		
13. What are the MINC	OR signs of HIV/AIDS?	
<ol> <li>T.B.</li> <li>Mouth ulcers</li> <li>Fungal infections</li> <li>Pneumonia</li> <li>Swollen glands</li> <li>Fatigue</li> <li>Cough</li> <li>Herpes</li> <li>Skin disease</li> <li>Don't know</li> </ol>		
14. How can HIV/AIDS I	be prevented?(Tick below if mention	ed)
A) No sex before marriage B) No sex outside of mar C) Condoms D) Sterile syringes, need E) Testing people at risk F) Community Education G) Don't know H) Other	ge rriage lles and blades	<b>5u</b> )
15. What are the reasons	s for using a condom?	
1. To prevent pregnancy 2. To prevent STD's 3. To prevent HIV/AIDS 4. To prevent Hep B 5. Don't know 6. Other		
6. At what age should H	IV/AIDS education begin?	
AGE	DONT KNOW	

12. What are some of the MAJOR signs of HIV/AIDS?(Tick below if mentioned)

17. Have you at any time shared HIV/AIDS information with another member of the village?

YES NO

- 18. Who is the best person to educate others about HIV/AIDS?
- a) Teacher
- b) Parents
- c) Female person
- d) Doctor
- e) Nurse
- f) Social Worker
- g) FCV
- h) RCO
- i) Health Aide
- j) Other
- k) Don't know
- 19. Do people in your village have sex before marriage?

YES NO DON'T KNOW

20. Do people in your the village have sex outside of marriage?

YES NO DON'T KNOW

21. Are there commercial sex workers in your village?

YES NO DON'T KNOW

22. Are there homosexuals in your village?

YES NO DON'T KNOW

23. Are there people in the village who inject drugs?

YES NO DON'T KNOW

24. Are condoms available in the village?

YES NO DON'T KNOW

## 25. What should be done for a person suffering from HIV/AIDS?

- A) Stay at home with family
- B) Hospitalisation
- C) Leave the village
- D) Isolation
- E) Other
- F) Don't know

THANKYOU FOR YOUR COOPERATION

APPENDIX 2 -
INTERVIEW SCHEDULE (Post-test)
NAME:
F.I NUMBER:
ADDRESS:
AGE:
EDUCATIONAL LEVEL ATTAINED:
OCCUPATION:
TYPE OF ROOF:(Please circle) THATCHED TILED TERRACED
1. What causes HIV/AIDS? ( Please circle)
Bacteria HIV AIDS VIRUS DON 'T KNOW'
2. Select 4 ways that HIV/AIDS can spread ? (Please circle)
a] Infected blood & blood products b] Sexual intercourse c] Hugging d] Breathing & coughing on someone e] Unsterilised needles, syringes and blades f] Mother to child during pregnancy or birth
3. Select 4 ways that HIV/AIDS may be prevented (Please circle)
a] No sex before marriage b]Washing hands before sex c} No sex outside of marriage d] Community education on the use of condoms e] Sterile needles, syringes & blades f] Having sex with a commercial sex worker
4 Is there a cure for HIV/AIDS? (Please circle)

NO

YES

DON'T KNOW'

5. Select 4 ways that HIV/AIDS does not spread (Please circle)
a] Sharing infected needles, syringes & blades b] Sharing food & dishes c] Donating blood d] Living together c] Sexual Intercourse 1] Hugging
6. Select 3 major signs of HIV/AIDS (Please circle)
a] Persistent diarrhoea b] Hearing Loss c] Weight loss ( 10% of body weight) d] STD's that do not get better e] Fever for more than one month
7. Select 3 other signs of HIV/AIDS (Please circle)
a] Persistent cough b] Candida infection in the mouth c] Blindness d] Swollen glands e] Herpes simplex f] Baldness
B. Would you accept the presence of an HIV infected person in your village?  Please circle)
YES NO DON'T KNOW
Would you accept the presence of an HIV infected person in your street'?
YES NO DON'T KNOW
0. Would you accept the presence of an HIV infected person in the house next oor? (Please circle)
YES NO DONT KNOW

11. Would (Please circ	you accept cle)	the presence	e of an HIV infected person in your own home
	YES	NO	DONT KNOW.:
12. Do you	understan	d the importa	nce of sharing your knowledge? (Please circle
	YES	NO	DON'T KNOW
13. Will you HIV/AIDS (	ou agree t Please circ	o tell at leas de }	st 3 other members of the community abou
Y	ES	NO .	DONT KNOW
14 Select 4 circle)	types of h	nigh risk beha	aviours that may transmit HIV or STD's {Pleas
c] Having n d] Hugging e] Sharing	nultiple sex	·	avenous drugs
15. The p		and control	of STD's is important as it reduces HI
	TRUE		FALSE
16. Select	at least 3 re	easons for us	sing a condom ( Please circle)
a] To preve b] To preve c] To preve d] To preve e] Don't Kn	ent tubercu ent HIV/AID ent STD's	losis	
17. What n	nethod of H	IIV/AIDS edu	cation was best for you? (Please circle)
a] Short tal b] Video c] Puppet S d] Role play e] Slide sho f] Group Ga	Show y ow		

	_	
ny other comments		
	-	

**PROGRAMME** 

### **APPENDIX 3**

### PROGRAMME 2 - PRE AND POST TEST QUESTIONNAIRE

# - IN THIS PROGRAMME BOTH PRE AND POST TEST QUESTIONNAIRES WERE IDENTICAL

1. Have you heard about HIV/AIDS?

YES NO DON'T KNOW

2. Is there a cure for HIV/AIDS?

YES NO DON'T KNOW

- 3. What causes HIV/AIDS?

  Bacteria HIV AIDS VIRUS DON'T KNOW
- 4. Select 4 ways that HIV/AIDS can spread? (Please circle)
- a] Infected blood & blood products
- b] Sexual intercourse
- c] Hugging
- d] Breathing & coughing on someone
- e] Unsterilised needles, syringes and blades
- f] Mother to child during pregnancy or birth
- 5. Is HIV/AIDS spread by shaking hands?

YES NO DON'T KNOW

- 6. What are some of the signs of HIV/AIDS?(Tick below if mentioned)
  - a) Weight loss
  - b) Fever
  - c) T.B.
  - d) Candida infections
  - e) Pneumonia
  - f) Swollen glands
  - g) Fatigue
  - h) Diarrhoea
  - I) Coughing
  - j) Herpes
  - k)Skin disease
  - I) Don't know

7. How can HIV/AIDS be	prevented?(Tick below if mentioned)
<ul> <li>A) No sex before marriag</li> <li>B) No sex outside of mar</li> <li>C) Condoms</li> <li>D) Sterile syringes, need</li> <li>E) Testing people at risk</li> <li>F) Community Education</li> <li>G) Dont know</li> </ul>	riage
8. At what age would you	tell your children about HIV/AIDS?
AGE	DONT KNOW
9. What are the reasons	or using a condom?
<ul><li>a. To prevent pregnancy</li><li>b. To prevent STD's</li><li>c. To prevent HIV/AIDS</li><li>d. To prevent Hep B</li><li>e. Don't know</li></ul>	
10. The prevention and ransmission	control of STD's is important as it reduces HIV
TRUE	FALSE
11. Would you accept the	presence of an HIV infected person in your home?
YES	NO DONT KNOW

